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CITY OF DURBAN

Annual Report

OF

MEDICAL OFFICER

OF HEALTH

YEAR ENDING 30th JUNE, 1951.

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CITY HEALTH DEPARTMENT.

REPORT "A"

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1st August, 1951.

To His Worship the Mayor and
City Councillors of the City of Durban.

Ladies and Gentlemen,

I have the honour to present the Forty-ninth Annual Report of the activities of the City Health Department during the year ending 30th June, 1951.

CLIMATIC DATA : Latitude 30 degrees ; Longitude 31 degrees.

TEMPERATURE : (Statistics kindly supplied by the City and Water Engineer).

Month		Barometer	Temperatures Max.	Temperatures Min.	Relative Humidity	Rainfall Total for Month	No. of days on which rain fell
1950 :							
July	Mean	30·197	73·19	57·00	78·38	0·52″	4
	Max.	30·528	80·00	63·00	85·00		
	Min.	29·944	67·00	49·00	69·00		
August	Mean	30·286	71·27	58·19	77·96	1·91″	10
	Max.	30·574	79·00	66·00	85·00		
	Min.	29·916	61·00	52·00	69·00		
September	Mean	30·151	75·68	62·19	76·69	0·34″	7
	Max.	30·420	103·00	68·00	90·00		
	Min.	29·708	67·00	57·00	55·00		
October	Mean	30·106	76·68	62·63	76·00	0·88″	9
	Max.	30·418	83·00	71·00	82·00		
	Min.	29·662	67·00	54·00	51·00		
November	Mean	30·004	77·85	66·04	69·35	0·97″	17
	Max.	30·324	85·00	73·00	81·00		
	Min.	29·625	72·00	58·00	55·00		
December	Mean	30·000	80·05	69·09	73·65	6·01″	20
	Max.	30·204	88·00	75·00	85·00		
	Min.	29·686	71·00	63·00	59·00		
1951 :							
January	Mean	30·035	79·27	68·04	74·88	4·68″	14
	Max.	30·316	86·00	74·00	85·00		
	Min.	29·650	72·00	61·00	65·00		
February	Mean	30·037	81·75	70·21	74·46	1·64″	11
	Max.	30·224	87·00	74·00	87·00		
	Min.	29·860	75·00	62·00	44·00		
March	Mean	30·037	80·52	69·67	74·58	5·37″	13
	Max.	30·236	85·00	76·00	90·00		
	Min.	29·920	71·00	60·00	49·00		
April	Mean	30·024	78·44	66·50	78·12	1·39″	10
	Max.	30·236	86·00	73·00	91·00		
	Min.	29·804	73·00	59·00	50·00		
May	Mean	30·124	74·96	60·71	68·87	0·88″	3
	Max.	30·420	83·00	69·00	95·00		
	Min.	29·502	70·00	54·00	46·00		
June	Mean	30·183	70·88	53·23	62·73	1·34″	6
	Max.	30·528	78·00	65·00	100·00		
	Min.	29·778	60·00	47·00	34·00		

AREA OF MUNICIPALITY : The area of Durban and suburbs inclusive of Townlands is 44,927 acres.

ANNUAL RATEABLE VALUE :	1951	1950
Gross value of land	£33,700,880	£33,315,890
Gross value of buildings	£58,301,220	£56,297,700
TOTAL (including agricultural and undeveloped areas)	£92,002,100	£89,613,590

For the year under review, the rates imposed were 7½d. on land and 3¾d. on buildings (including water rate).

REPORT " A "

1.—VITAL STATISTICS : (Figures in brackets represent the previous year in all cases).

POPULATION :

	Census	Estimate (Census adjusted to 30/6/51)		Total
	May, 1951	Male	Female	
European	129,227	62,792	66,588	129,380
Coloured	14,895	7,068	7,890	14,958
Native	134,273	92,364	42,087	134,451
Asiatic	144,916	74,076	71,295	145,371
	423,311	236,300	187,860	424,160

Population increase reflected by the 1951 Census compared with that of 1946 :—

	Preliminary Census Figures—1951	Final Census Figures—1946	Increase	% of Increase
European	129,227	117,226	12,001	10·2
Coloured	14,895	11,393	3,502	30·7
Native	134,273	104,579	29,694	28·4
Asiatic	144,916	106,604	38,312	35·9
	423,311	339,802	83,509	24·5

The following represents the ratio of the sexes :—

European	1,000	males	to	1,060	females
Coloured	1,000	„	„	1,116	„
Native	2,109	„	„	1,000	„
Asiatic	1,039	„	„	1,000	„

The principal vital statistics for the year, corrected for outward transfer, are as follows :

	European	Coloured	Native	Asiatic	Total
Population (Estimated at 30/6/51)	129,380 (131,932)	14,958 (12,821)	134,451 (127,496)	145,371 (127,496)	424,160 (399,745)
Birth Rates	19·97 (20·04)	49·00 (51·25)	29·51 (23·69)	35·32 (44·62)	29·21 (30·05)
Death Rates	9·02 (9·06)	13·37 (14·04)	24·43 (22·82)	10·61 (12·86)	14·63 (14·82)
Infantile Mortality (Rate per 1,000 live Births)	28·65 (28·74)	79·13 (73·06)	369·27 (330·02)	85·30 (72·24)	163·90 (127·55)
Percentage of Illegitimate to Live Births	2·94 (1·82)	26·88 (24·20)	50·28 (62·99)	2·51 (1·95)	19·31 (18·48)
Death Rate: Pulmonary T.B. per 1,000 of population	·26 (·26)	2·61 (2·18)	2·86 (2·96)	·99 (1·11)	1·41 (1·45)

BIRTHS : The following births were registered in Durban during the year (corrected for outward transfer).

	European	Coloured	Native	Asiatic	Total
Local Births	2,583 (2,644)	733 (657)	3,969 (3,021)	5,135 (5,689)	12,420 (12,011)
Local Illegitimate Births...	76 (48)	197 (159)	1,996 (1,903)	129 (111)	2,398 (2,221)
Still Births	33 (24)	11 (13)	229 (227)	260 (207)	533 (471)
Birth Rates	19·97 (20·04)	49·00 (51·25)	29·51* (23·69)*	35·32 (44·62)	29·21 (30·05)

* These rates are inaccurate owing to incomplete registrations.

	European	Coloured	Native	Asiatic	Total
Births :					
Male	1,345	366	2,043	2,561	6,315
	(1,385)	(360)	(1,614)	(2,788)	(6,147)
Female	1,238	367	1,926	2,574	6,105
	(1,259)	(297)	(1,407)	(2,901)	(5,864)
Deaths :					
Male	642	119	1,769	798	3,328
	(679)	(110)	(1,669)	(860)	(3,318)
Female	525	81	1,516	754	2,876
	(516)	(70)	(1,240)	(780)	(2,606)
Infantile Deaths :					
Male	45 (44)	36 (30)	735 (527)	225 (230)	1,041 (831)
Female	29 (32)	22 (18)	731 (470)	213 (181)	995 (701)
Stillbirths :					
Local	33 (24)	11 (13)	229 (227)	260 (207)	533 (471)
Imported	3 (8)	1 (—)	171 (189)	19 (27)	194 (224)
Illegitimate Births :					
Local	76 (48)	197 (159)	1,996 (1,903)	129 (111)	2,398 (2,221)
Imported	10 (11)	23 (14)	1,738 (1,378)	13 (4)	1,784 (1,407)

There were 1,080 males for every 1,000 European female births.

Rates of natural increase, being excess of births over deaths per 1,000 of the population, are as follows :—

European ... 10.95 Coloured ... 35.63 Asiatic ... 24.87

GEOGRAPHIC DISTRIBUTION OF POPULATION, BIRTHS AND DEATHS

POPULATION (Based on preliminary figures—Census 1951) :—

District	European	Coloured	Native	Asiatic	Total
Old Borough	87,358	5,656	59,370	31,149	183,533
Greenwood Park	14,074	1,007	8,071	17,311	40,463
Sydenham	2,700	2,235	4,332	27,194	36,461
Mayville	3,791	3,271	39,364	30,231	76,657
Umhlatuzana	7,295	386	3,134	6,039	16,854
South Coast Junction ...	14,162	2,403	20,180	33,447	70,192
Total ...	129,380	14,958	134,451	145,371	424,160

BIRTHS (1950/51) :

District	European	Coloured	Native	Asiatic	Total
Old Borough	1,562	243	1,190	1,037	4,032
Greenwood Park	300	46	257	529	1,132
Sydenham	53	130	302	1,051	1,536
Mayville	60	151	1,427	1,016	2,654
Umhlatuzana	190	21	169	211	591
South Coast Junction ...	418	142	624	1,291	2,475
Total ...	2,583	733	3,969	5,135	12,420

DEATHS :

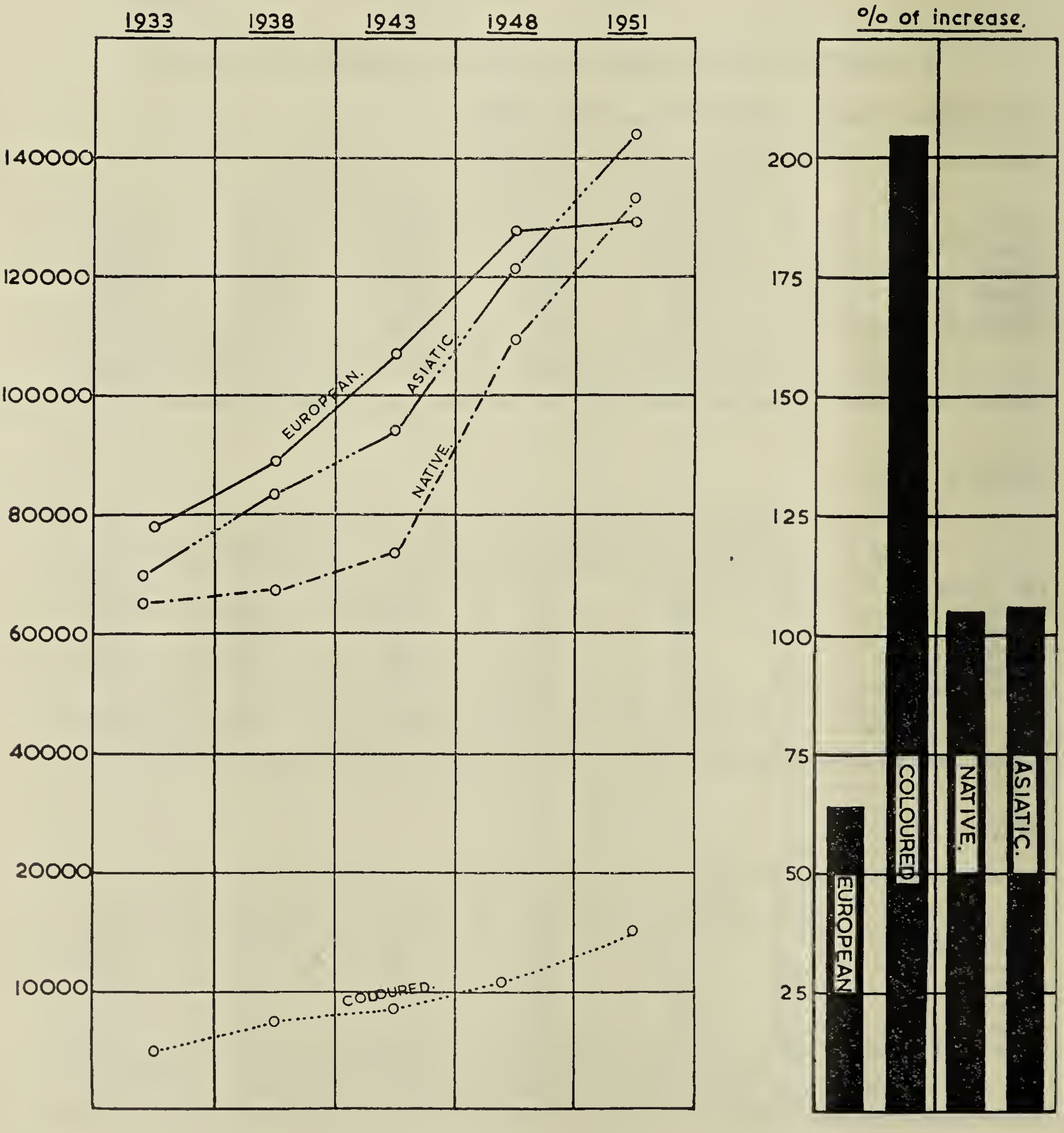
District	European	Coloured	Native	Asiatic	Total
Old Borough	899	64	597	260	1,820
Greenwood Park	85	16	128	159	388
Sydenham	37	36	192	315	580
Mayville	12	33	1,797	345	2,187
Umhlatuzana	61	14	120	84	279
South Coast Junction ...	73	37	451	389	950
Total ...	1,167	200	3,285	1,552	6,204

Non-registration of Native births is emphasised in the Mayville area, registered births being 1,427 and deaths 1,797, reflecting an excess of deaths over births amounting to 370. Taking a line through the remaining districts which, for Natives, give an overall excess of births over deaths of 71% and which, by ordinary standards, is extremely low, the total number of births in the Mayville area should approximate 3,100.

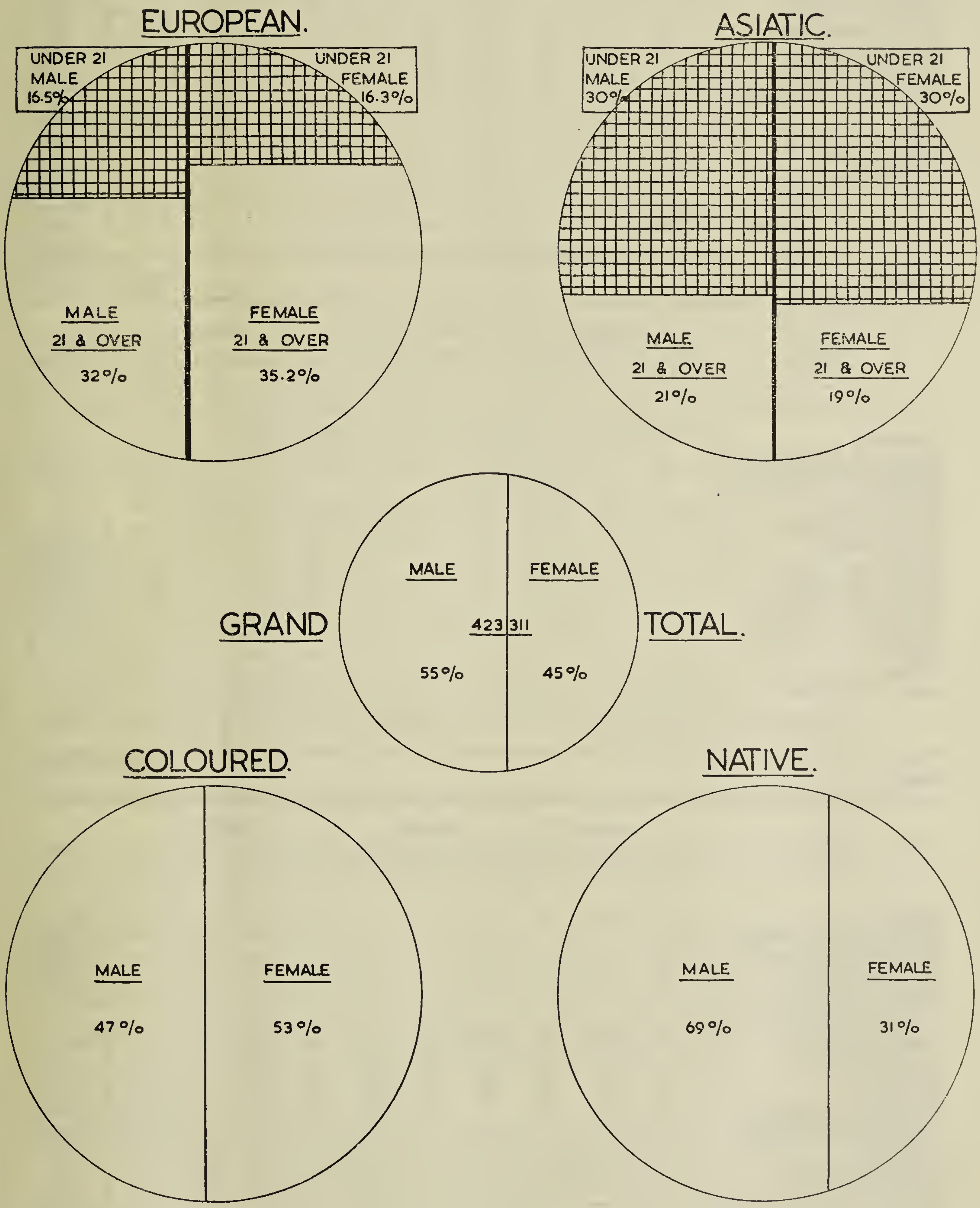
The extent to which non-registration of births can affect vital statistical rates, is reflected in the following schedule of births and deaths since the Census of 1946 :—

	Births				Deaths			
	European	Coloured	Native	Asiatic	European	Coloured	Native	Asiatic
1947	2,789	574	2,915	5,019	1,078	178	2,676	1,769
1948	2,619	588	3,097	5,096	1,208	212	2,666	1,945
1949	2,804	577	2,409	4,944	1,235	195	2,454	1,802
1950	2,644	657	3,021	5,689	1,195	180	2,909	1,640
1951	2,583	733	3,969	5,135	1,167	200	3,285	1,552
Total	13,439	3,129	15,411	25,883	5,883	965	13,990	8,708
Deaths	5,883	965	13,990	8,708				
Natural Increase	7,556	2,164	1,421	17,175				
Percentage ...	128·4	224·2	10·2	197·2				

Comparison of population increase from 1932 (added areas incorporation) to census 1951.



PRELIMINARY CENSUS FIGURES —— DURBAN 1951.



INFANTILE DEATHS AND CAUSES—0 to 5 Years :

European :

Cause	Weeks			Months			Years				Total
	0–1	1–2	2–4	1–3	3–6	6–12	2	3	4	5	
Prematurity	27	1	—	—	1	—	—	—	—	—	29
Intracranial Haemorrhage...	2	1	—	—	—	—	—	—	—	—	3
Spina Bifida...	—	—	—	1	—	—	—	—	—	—	1
Congenital Malformations...	2	—	—	1	—	—	—	—	—	—	3
Congenital Atelectasis ...	7	1	—	1	—	—	—	—	—	—	9
Congenital Trachea	1	—	—	—	—	—	—	—	—	—	1
Congenital Debility	3	—	—	—	—	—	—	—	—	—	3
Icterus Neonatorum	4	—	1	1	—	—	—	—	—	—	6
Gastro Enteritis	—	—	—	—	1	4	2	—	—	—	7
Broncho Pneumonia	—	—	—	2	1	1	1	1	—	—	6
Whooping Cough	—	—	—	—	—	1	—	—	—	—	1
Tuberculosis, Non-Pulm. ...	—	—	—	—	1	1	—	—	—	1	3
C.S.M.	—	—	1	1	—	—	—	—	—	—	2
Diphtheria	—	—	—	—	—	—	1	—	—	1	2
Congenital Heart	—	—	—	—	—	—	1	—	—	—	1
Hydrocephalus	—	—	—	—	—	—	1	—	—	—	1
Sundry Unclassified	2	—	—	2	—	1	2	—	1	2	10
Total ...	48	3	2	9	4	8	8	1	1	4	88

Coloured :

Cause	Weeks			Months			Years				Total
	0–1	1–2	2–4	1–3	3–6	6–12	2	3	4	5	
Prematurity	2	—	—	—	—	—	—	—	—	—	2
Intracranial Haemorrhage...	4	—	—	—	—	—	—	—	—	—	4
Congenital Malformations...	1	1	—	—	—	—	—	—	—	—	2
Congenital Atclectasis ...	7	—	—	—	—	—	—	—	—	—	7
Hydrocephalus	—	1	—	1	—	—	1	—	—	—	3
Icterus Neonatorum	2	—	—	—	—	—	—	—	—	—	2
Gastro Enteritis	—	—	—	8	3	11	4	—	—	—	26
Malnutrition	—	—	—	1	1	—	2	—	—	—	4
Broncho Pneumonia	—	1	—	2	1	1	5	—	—	—	10
Tuberculosis, Pulmonary ...	—	—	—	—	—	1	1	—	—	—	2
Tuberculosis, Non-Pulm. ...	—	—	—	—	—	1	2	1	—	—	4
Diphtheria	—	—	—	—	—	1	—	1	—	—	2
C.S.M.	—	—	1	—	—	2	—	—	—	—	3
Unknown	—	—	—	—	—	—	—	—	—	1	1
Sundry Unclassified	—	—	—	1	3	—	—	2	2	—	8
Total ...	16	3	1	13	8	17	15	4	2	1	80

Native :

Cause	Weeks			Months			Years				Total
	0–1	1–2	2–4	1–3	3–6	6–12	2	3	4	5	
Prematurity	112	12	16	3	—	—	—	—	—	—	143
Intracranial Haemorrhage...	36	—	—	—	—	—	—	—	—	—	36
Congenital Malformations...	3	—	1	1	—	—	—	—	—	—	5
Congenital Aletectasis ...	18	1	1	—	—	—	—	—	—	—	20
Congenital Debility	23	6	3	6	—	2	—	—	—	—	40
Other Diseases peculiar to first year of life	34	2	—	2	—	9	—	—	—	—	47
Gastro Enteritis	15	35	35	173	121	219	240	22	3	5	868
Amoebic Dysentery	—	—	—	1	2	3	8	3	—	1	18
Malnutrition	4	5	13	19	13	21	56	3	1	1	136
Pneumonia	27	27	22	88	82	120	126	17	4	8	521
Tuberculosis, Pulmonary ...	—	—	—	3	3	12	21	4	2	1	46
Tuberculosis, Non-Pulm. ...	—	—	—	1	1	2	7	5	2	1	19
Meningitis	—	—	—	3	2	4	3	—	—	—	12
Congenital Syphilis	3	3	5	5	1	4	—	—	—	—	21
Diphtheria	—	—	—	—	—	8	12	1	—	1	22
Measles	—	—	—	—	—	3	9	1	1	—	14
Otitis Media and Mastoiditis	—	—	—	1	2	11	5	—	—	—	19
Unknown	5	3	—	5	5	6	—	—	—	—	24
Nephritis	—	—	—	—	—	2	3	—	—	—	5
Convulsions	—	1	1	—	—	—	2	2	—	—	6
Accidents	—	—	—	—	—	—	2	3	—	—	5
Typhoid Fever	—	—	—	—	—	—	—	1	—	1	2
Sundry Unclassified	3	2	—	9	2	9	9	—	7	5	46
Total ...	283	97	97	320	234	435	503	62	20	24	2,075

Asiatic :

Cause	Weeks			Months			Years				Total
	0–1	1–2	2–4	1–3	3–6	6–12	2	3	4	5	
Prematurity	65	6	5	1	1	—	—	—	—	—	78
Intracranial Haemorrhage...	10	1	1	—	—	—	—	—	—	—	12
Spina Bifda	1	—	—	—	—	—	—	—	—	—	1
Congenital Malformations...	1	—	2	—	—	—	—	—	—	—	3
Congenital Atelectasis ...	7	1	—	—	—	—	—	—	—	—	8
Congenital Debility	21	4	4	1	1	—	1	—	—	—	32
Other Diseases peculiar to first year of life	6	—	—	2	2	5	—	—	—	—	15
Gastro Enteritis	6	—	2	28	36	31	24	7	2	—	136
Malnutrition	1	—	—	5	4	6	5	2	1	—	24
Pneumonia	6	5	7	44	32	50	53	24	10	5	236
Whooping Cough	—	—	—	—	1	2	3	—	2	—	8
Tuberculosis, Pulmonary ...	—	—	—	—	—	1	4	2	2	2	11
Tuberculosis, Non-Pulm. ...	—	—	—	1	—	3	8	3	2	—	17
Meningitis	—	1	—	1	—	—	4	1	—	—	7
Convulsions	—	—	—	1	—	—	1	—	—	—	2
Unknown	3	2	—	3	3	5	—	—	—	—	16
Measles	—	—	—	—	—	—	2	—	—	—	2
C.S.M.	—	—	—	—	—	—	4	—	1	—	5
Nephritis	—	—	—	—	—	—	2	2	—	1	5
Diphtheria	—	—	—	—	—	—	2	1	2	—	5
Sundry Unclassified	—	—	—	—	—	—	9	6	8	7	30
Total ...	127	20	21	87	80	103	122	48	30	15	653

NATIVE DEATHS FROM MALNUTRITION, GASTRO ENTERITIS AND PNEUMONIA : GEOGRAPHICAL AND MONTHLY DISTRIBUTION :

	1950 July	Aug.	Sept.	Oct.	Nov.	Dec.	1951 Jan.	Feb.	Mar.	April	May	June	Total
Malnutrition :													
Old Borough ...	1	1	—	3	1	1	1	1	1	3	1	1	15
Greenwood Park	1	—	1	—	—	—	—	—	—	—	1	1	4
Sydenham... ...	1	2	—	—	1	1	—	1	1	1	1	—	9
Mayville	10	4	9	4	8	9	9	9	2	4	9	5	82
Umhlatuzana ...	1	—	1	1	—	1	—	—	2	1	1	1	9
S.C. Junction ...	1	4	4	—	1	1	1	—	2	4	2	5	25
Total ...	15	11	15	8	11	13	11	11	8	13	15	13	144

Gastro Enteritis :

	1950 July	Aug.	Sept.	Oct.	Nov.	Dec.	1951 Jan.	Feb.	Mar.	April	May	June	Total
Old Borough ...	5	3	4	3	7	3	19	5	7	3	3	2	64
Greenwood Park	1	—	1	1	3	4	2	1	2	5	1	1	22
Sydenham... ...	—	3	1	3	1	2	8	3	2	3	3	1	30
Mayville	20	23	21	39	66	78	133	91	55	56	34	29	645
Umhlatuzana ...	—	2	2	1	1	4	2	3	7	4	—	3	29
S.C. Junction ...	7	9	3	6	9	9	12	5	8	6	8	8	90
Total ...	33	40	32	53	87	100	176	108	81	77	49	44	880

Broncho Pneumonia :

	1950 July	Aug.	Sept.	Oct.	Nov.	Dec.	1951 Jan.	Feb.	Mar.	April	May	June	Total
Old Borough ...	5	7	3	8	8	6	3	3	5	2	9	5	64
Greenwood Park	2	1	3	4	3	3	1	—	—	1	1	1	20
Sydenham... ...	2	1	5	1	6	1	1	1	2	4	1	5	30
Mayville	22	18	31	40	28	33	34	24	9	25	29	12	305
Umhlatuzana ...	1	2	3	2	—	2	1	2	—	1	1	1	16
S.C. Junction ...	9	3	8	9	5	3	8	4	3	7	7	5	71
Total ...	41	32	53	64	50	48	48	34	19	40	48	29	506

The following table indicates the percentage of all deaths in age groups :

	European			Coloured			Native			Asiatic			TOTAL		
	Male	Fem'le	%	Male	Fem'le	%	Male	Fem'le	%	Male	Fem'le	%	Male	Fem'le	%
Under 1	42	32	6·4	36	22	29·0	724	742	44·5	221	217	28·2	1,023	1,013	32·8
1— 2	5	4	·7	6	12	9·0	251	257	15·5	63	65	8·3	325	338	10·7
3— 5	4	1	·4	1	3	2·0	42	59	3·2	38	49	5·6	85	112	3·2
0— 5	51	37	7·5	43	37	40·0	1,017	1,058	63·2	322	331	42·1	1,433	1,463	46·7
6 –15	6	3	·6	2	3	2·5	27	48	2·3	42	42	5·4	77	96	2·7
16 –25	15	7	2·0	8	4	6·0	106	90	6·0	43	69	7·2	172	170	5·5
26—45	58	34	7·9	30	15	22·5	385	187	17·4	102	116	14·0	575	352	15·0
46—65	185	143	28·2	19	11	15·0	195	95	8·8	141	113	16·4	540	362	14·6
Over 65	327	301	53·8	17	11	14·0	39	38	2·3	148	83	14·9	531	433	15·5
Total	642	525		119	81		1,769	1,516		798	754		3,328	2,876	
	1,167			200			3,285			1,552			6,204		

DEATHS FROM CERTAIN MAIN CAUSES : EUROPEAN : CITY ONLY :

DISEASE	Number of Deaths		Percentage of Total Deaths	
Infective intestinal diseases (Enteric Fever, Dysentery, Diarrhoea and Enteritis)	10	(11)	·8	(·9)
Cancer	191	(173)	16·4	(14·5)
Heart and Circulatory System	336	(358)	28·8	(29·9)
Diseases of the Nervous System	100	(120)	8·6	(10·0)
Diseases of Birth and Early Infancy ...	56	(54)	4·8	(4·5)
Pneumonia and Bronchitis	50	(46)	4·3	(3·9)
Pulmonary Tuberculosis	33	(34)	2·8	(2·8)
Other Tuberculosis	4	(3)	·3	(·3)
Urinary and Genital Systems	65	(75)	5·6	(6·3)

MAIN CAUSES OF DEATH : CITY CASES ONLY :

DISEASE	European		Coloured		Native		Asiatic	
1. Cancer : Site of Disease :								
Baccal cavity—Pharynx...	7	(8)	—	(—)	1	(2)	2	(3)
Oesophagus	7	(1)	—	(—)	—	(3)	2	(2)
Stomach	43	(41)	2	(2)	4	(5)	8	(16)
Rectum	9	(8)	—	(—)	—	(1)	2	(4)
Liver...	9	(8)	—	(1)	6	(9)	—	(4)
Pancreas	6	(4)	—	(1)	—	(—)	1	(—)
Larynx	7	(4)	—	(—)	1	(—)	1	(2)
Lung...	36	(25)	—	(4)	6	(3)	3	(4)
Uterus	10	(4)	—	(—)	3	(—)	7	(5)
Other female genital organs	10	(18)	1	(—)	10	(2)	3	(—)
Breast (Male and Female)	13	(19)	1	(—)	2	(—)	4	(2)
Prostate	3	(7)	—	(—)	—	(1)	1	(2)
Other male genital organs	1	(—)	—	(—)	1	(—)	—	(—)
Urinary organs, Male and Female	10	(11)	—	(—)	3	(1)	3	(2)
Brain...	—	(1)	—	(—)	—	(—)	—	(—)
Skin	—	(—)	—	(—)	—	(—)	—	(—)
Bones	2	(1)	—	(—)	—	(—)	—	(1)
Unspecified organs...	18	(13)	1	(1)	7	(1)	3	(7)
	191	(173)	5	(9)	44	(28)	40	(54)
2. Diseases of the Heart	68	(81)	6	(12)	48	(55)	99	(90)
3. Bronchitis and Pneumonia	51	(46)	16	(19)	593	(510)	368	(390)
4. Typhoid	—	(—)	—	(1)	24	(15)	6	(2)
5. Appendicitis	3	(6)	—	(—)	1	(3)	—	(—)
6. Tuberculosis	37	(37)	44	(32)	451	(459)	174	(174)
7. Diabetes	29	(17)	—	(—)	3	(5)	15	(14)
8. Apoplexy	65	(72)	5	(7)	19	(17)	36	(36)
9. Diseases of the Kidneys :								
Nephritis	16	(14)	2	(—)	18	(25)	33	(29)
Other diseases of the Kidneys	58	(56)	3	(3)	17	(10)	15	(18)
10. Diseases of the Liver	25	(15)	2	(1)	32	(14)	8	(12)
11. Accidents of Pregnancy	3	(4)	—	(—)	14	(16)	19	(15)
12. Old Age	77	(74)	5	(4)	27	(29)	28	(51)
13. Suicide :								
Poisoning...	5	(6)	1	(—)	—	(1)	3	(4)
Hanging	1	(2)	—	(1)	8	(5)	3	(—)
Drowning	1	(—)	—	(—)	—	(—)	—	(—)
Firearms	7	(9)	2	(—)	—	(—)	—	(—)
Unspecified	2	(—)	—	(1)	3	(2)	2	(2)
14. Accidents :								
On Railways	3	(3)	2	(—)	9	(16)	1	(1)
Motor driven vehicles	17	(11)	3	(2)	44	(41)	14	(8)
Burns	4	(1)	3	(5)	7	(16)	6	(25)
Falls	20	(17)	—	(1)	17	(9)	—	(3)
Drowning	4	(2)	3	(1)	5	(6)	3	(7)
Other...	8	(15)	—	(—)	22	(14)	2	(6)

CAUSES OF DEATH :

Code No.	DISEASE	CITY				IMPORTED			
		Eur.	Col.	Native	Asiatic	Eur.	Col.	Native	Asiatic
	Infective and Parasitic Diseases :								
001	Typhoid Fever	—	—	24	6	—	—	29	3
008	Cerebral Spinal Meningitis	3	1	1	8	—	—	1	1
011	Whooping Cough	1	—	3	6	—	—	11	—
012	Diphtheria	2	2	24	11	—	1	38	3
014	Tetanus	—	—	3	—	—	—	1	6
015	Tuberculosis—Pulmonary	33	39	385	143	18	5	515	21
016	Tuberculosis—Central Nervous System	1	1	27	20	2	1	17	6
017	Tuberculosis—Intestines & Peritoneum	1	—	7	1	—	1	8	1
018	Tuberculosis—Vertebral Column	—	—	3	—	—	—	4	—
021	Tuberculosis—Lymphatic System	—	—	—	—	—	—	2	—
023	Tuberculosis—Other Organs	—	—	2	2	—	—	3	—
024	Tuberculosis—Miliary	2	4	27	8	—	—	23	2
026	Leprosy	—	—	1	—	—	—	—	—
	Dysentery :								
032	Bacillary	—	1	5	1	—	—	8	—
033	Amoebic	1	5	100	6	—	1	118	—
	Diseases due to Protozoa :								
036	Malaria	—	—	—	1	—	—	—	—
	Diseases due to Spirochaetes :								
042	Aneurysm of the Aorta	2	2	12	1	1	—	3	—
043	Congenital Syphilis	—	—	20	—	—	—	9	—
044	Other forms	1	—	34	3	2	1	15	1
	Diseases due to Filterable Viruses :								
049	Influenza	7	—	5	11	1	—	—	—
050	Smallpox	—	—	—	—	—	—	1	—
052	Measles	1	—	14	2	—	—	16	—
053	Acute Poliomyelitis	—	—	1	1	—	—	—	—
054	Acute Lithargic Encephalitis	2	—	2	—	—	—	1	1
	Diseases due to Helminths :								
071	Bilharzia	—	—	1	—	—	—	1	—
	Other Infective Parasitic Diseases								
075	Pernicious Lymphogranulomatosis	—	—	1	2	—	—	—	—
076	Mumps	—	—	—	1	—	—	—	—
	Cancer and Other Tumours :								
100	Cancer—Buccal Cavity and Pharynx	7	—	1	2	1	—	—	—
101	Cancer—Oesophagus	7	—	—	2	—	—	3	—
102	Cancer—Stomach	43	2	4	8	11	1	12	1
103	Cancer—Rectum	9	—	—	2	1	—	1	—
104	Cancer—Liver	9	—	6	—	—	—	16	—
105	Cancer—Pancreas	6	—	—	1	—	—	1	—
107	Cancer—Larynx	7	—	1	1	—	1	—	—
109	Cancer—Lung	36	—	6	3	11	—	4	—
110	Cancer—Uterus	10	—	3	7	—	—	—	—
111	Cancer—Other Female Genital Organs	10	1	10	3	4	—	6	—
112	Cancer—Breast (Male or Female)	13	1	2	4	2	—	1	1
113	Cancer—Prostate	3	—	—	1	4	—	2	1
114	Cancer—Other Male Genital Organs	1	—	1	—	1	—	—	—
115	Cancer—Urinary Organs (Male and Female)	10	—	3	3	2	—	4	1
116	Cancer—Skin	—	—	—	—	—	—	—	—
118	Cancer—Bones	2	—	—	—	—	—	—	—
119	Cancer—Unspecified Organs	18	1	7	3	2	—	5	1
135	Tumours of the Brain	2	—	2	3	1	—	2	—
136	Tumours Unspecified	1	—	—	—	—	—	—	—
	Rheumatism and Vitamin Deficiency Diseases :								
149	Acute Rheumatic Fever	3	—	1	5	—	—	—	1
150	Chronic Rheumatism, Osteo Arthritis, etc.	2	—	1	—	—	—	1	—
152	Diabetes	29	—	3	15	5	—	3	—
153	Diseases of the Pituitary Gland	2	—	—	—	—	—	—	—
154	Simple Goitre	1	—	—	—	—	—	—	—
157	Diseases of the Thyroid Glands	1	1	1	1	—	—	2	—
159	Diseases of the Thymus	—	—	—	1	—	—	—	—
160	Addison's Disease	—	—	1	—	—	—	—	—
161	Diseases of the Adrenal Glands	—	—	—	1	—	—	1	—
163	Malnutrition	—	5	144	30	—	4	164	4
167	Beri-beri	—	—	1	—	—	—	—	1
169	Rickets	—	—	1	—	—	—	2	—
170	Other Vitamin Deficiency Diseases	—	—	—	—	—	—	1	—
	Diseases of the Blood Forming Organs :								
201	Haemophilia	—	—	—	—	—	—	1	—
202	Other Haemorrhagic Conditions	1	—	—	—	—	—	—	—
203	Pernicious Anaemia	3	1	2	6	1	—	5	2
207	Leukaemia	4	—	—	—	2	—	3	—
211	Diseases of the Spleen	—	—	—	1	—	—	—	—
212	Agranulocytosis	1	—	—	—	—	—	—	—

Code No.	DISEASE	CITY				IMPORTED			
		Eur.	Col.	Native	Asiatic	Eur.	Col.	Native	Asiatic
	Chronic Poisonings and Intoxication :								
250	Acute Alcoholism	4	—	1	—	—	—	—	—
251	Chronic Alcoholism	1	—	—	—	—	—	—	—
258	Unspecified Poisoning	1	—	4	6	1	—	3	1
	Diseases of the Nervous System :								
300	Intracranial Abscess	—	—	1	—	—	—	—	—
301	Encephalitis (Other Forms)	—	—	3	—	—	—	—	—
303	Meningitis (non-Meningococcal)	1	—	20	8	1	—	8	1
304	Diseases of the Spinal Cord	—	—	1	2	—	—	—	1
305	Cerebral Haemorrhage	65	5	19	36	12	—	11	1
306	Cerebral Embolism and Thrombosis	24	1	2	15	11	—	2	2
307	Hemiplegia	5	—	2	18	5	—	1	1
308	Mental Disorders	—	1	1	1	1	—	—	—
309	Epilepsy	1	—	6	5	—	—	3	—
310	Convulsions	1	—	6	5	—	—	—	—
312	Neuritis	—	—	—	—	—	—	—	—
313	Paralysis Agitans	2	1	—	—	—	—	—	—
315	Other Diseases of the Nervous System	1	—	—	—	1	—	—	—
317	Diseases of the Mastoid Process	—	2	21	1	—	—	6	—
	Diseases of the Circulatory System :								
351	Pericarditis	2	—	5	1	2	—	4	—
352	Endocarditis	2	1	3	5	1	—	2	—
353	Valvular Disease	1	1	2	2	1	—	1	—
356	Myocarditis (Specified as Rheumatic)	3	—	5	20	—	—	7	1
357	Chronic Myocarditis	60	4	33	71	10	—	28	4
358	Diseases of the Coronary Arteries	116	7	1	43	40	2	6	1
362	Arteriosclerosis	72	4	15	21	14	—	6	2
363	Gangrene	—	1	—	1	2	—	1	—
364	Other Diseases of the Arteries	3	1	2	—	—	—	—	—
368	Other Diseases of the Circulatory System	77	4	30	63	12	—	24	2
	Diseases of the Respiratory System :								
401	Diseases of the Larynx	1	—	2	—	—	—	1	—
402	Acute Bronchitis	7	1	10	47	—	—	10	—
403	Chronic Bronchitis	8	1	2	16	5	—	3	3
404	Bronchopneumonia	26	10	506	256	6	—	202	8
405	Lobar Pneumonia	9	4	73	49	3	—	16	2
407	Empyema	1	—	6	1	—	—	2	—
408	Pleurisy	—	—	1	—	—	—	—	—
409	Pulmonary Embolism	13	—	6	8	7	—	5	3
410	Congestion of the Lungs	2	—	1	4	—	—	2	1
411	Asthma	16	3	6	29	3	—	3	1
413	Miners' Phthisis (without Tuberculosis)	—	—	—	—	1	—	—	—
416	Gangrene of the Lung	—	—	1	—	—	1	—	—
417	Abscess of the Lung	2	1	7	1	—	—	10	—
418	Other Diseases of the Respiratory System	—	—	1	—	—	—	2	—
	Diseases of the Digestive System :								
452	Diseases of the Pharynx and Tonsils	—	—	1	1	—	—	1	—
455	Ulcer of the Stomach	1	—	—	—	—	—	—	—
456	Ulcer of the Duodenum	5	—	2	4	—	—	—	1
457	Other Diseases of the Stomach	2	—	2	1	—	—	2	—
458	Diarrhoea and Enteritis (2 years and under)	8	26	838	127	5	4	286	2
459	Diarrhoea and Enteritis (over 2 years)	1	—	42	18	2	—	26	4
461	Appendicitis	3	—	1	—	—	—	2	1
462	Hernia	4	—	1	1	—	—	1	—
463	Intestinal Obstruction	—	—	8	10	1	—	3	1
466	Cirrhosis of the Liver (Alcoholic)	6	—	1	—	1	—	—	—
467	Cirrhosis of the Liver (Non-Alcoholic)	10	2	13	5	1	—	5	4
468	Yellow Atrophy of the Liver	2	—	5	3	2	—	2	—
469	Other Diseases of the Liver	7	—	13	—	—	—	9	—
471	Cholecystitis	5	—	1	1	1	—	—	—
472	Diseases of the Pancreas	1	—	1	1	2	—	—	—
473	Peritonitis	6	1	16	2	2	—	15	—
	Diseases of the Urinary and Genital Systems :								
500	Acute Nephritis	3	—	9	9	—	1	6	1
501	Chronic Nephritis	13	2	9	24	2	1	13	—
503	Pyelitis	1	—	3	1	—	—	1	—
504	Other Diseases of the Urinary System	44	3	14	13	11	1	8	4
506	Cystitis	—	—	—	—	1	—	3	—
507	Other Diseases of the Bladder	—	—	—	1	—	—	1	—
510	Diseases of the Prostate	2	—	—	3	1	—	—	—
511	Diseases of the Male Genital Organs	—	—	—	1	—	—	—	—
512	Diseases of the Ovaries and Fallopian Tubes	2	—	1	—	—	—	2	—

Code No.	DISEASE	CITY				IMPORTED			
		Eur.	Col.	Native	Asiatic	Eur.	Col.	Native	Asiatic
	Diseases of Pregnancy :								
554	Ectopic Gestation	—	—	—	—	—	—	1	—
555	Haemorrhage from Placenta Praevia	—	—	—	1	—	—	—	—
556	Accidental Haemorrhage during Pregnancy	—	—	—	1	—	—	—	—
558	Eclampsia of Pregnancy	1	—	1	2	—	—	1	1
565	Haemorrhage during Childbirth	—	—	1	—	—	—	—	—
573	Puerperal Sepsis	—	—	—	2	—	—	—	—
574	Other Accidents of Childbirth	2	—	12	13	—	1	9	—
	Diseases of the Skin and Cellular Tissue :								
600	Carbuncle, Boils	—	—	1	—	—	—	—	—
601	Cellulitis	—	1	3	1	—	—	2	—
602	Other Diseases of the Skin	—	1	—	1	—	—	1	—
	Diseases of the Organs of Movement :								
650	Osteomyelitis	—	—	—	1	—	—	—	—
651	Other Diseases of the Bones	—	—	—	—	—	—	3	—
	Congenital Malformations :								
700	Congenital Hydrocephalitis	1	3	2	—	1	—	2	—
701	Spina Bifida	1	—	—	1	1	—	—	—
702	Malformation of the Heart	1	—	1	1	—	—	—	—
703	Monstrosities	—	—	1	—	—	—	1	—
706	Imperforate Anus	—	1	—	—	—	—	3	—
709	Unspecified Malformations	2	—	2	—	1	—	—	—
	Diseases Peculiar to First Year of Life :								
750	Congenital Debility	5	1	40	37	—	—	10	1
751	Premature Birth	27	2	143	78	6	3	123	1
752	Intracranial Haemorrhage (Birth Injury)	3	2	28	5	—	—	32	1
754	Asphyxia—Atclectasis	9	7	19	7	1	1	10	2
755	Intoxication due to Maternal Toxaemia	—	—	—	—	—	—	1	—
758	Other Specified Diseases	7	4	49	15	1	—	28	1
	Senility—Old Age :								
800	Senility (65 years and over)	77	5	27	28	13	—	25	5
	Violent or Accidental Deaths :								
	Suicide :								
850	Poisoning	5	1	—	3	1	—	—	—
856	Hanging or Strangulation	1	—	8	3	—	—	—	—
857	Drowning	1	—	—	—	1	—	—	—
858	Firearms	7	2	—	—	3	—	—	—
860	Jumping from high place	1	—	1	—	—	—	—	—
861	Crushing on Railway	1	—	—	—	—	—	—	—
863	Unspecified Means	—	—	2	2	—	—	2	—
	Homicide :								
865	Firearms	2	—	2	—	1	—	—	—
866	Cutting or Piercing Instruments	1	3	61	3	—	—	13	—
	Accidental Deaths :								
868	Accidents on Railway	3	2	9	1	—	—	4	—
871	Accidents—Motor-driven Vehicles	14	3	41	14	3	—	15	1
874	Accidents—Motor-driven Cycles	3	—	3	—	—	—	—	—
877	Accidents—Pedal Cycles	1	—	1	—	—	—	—	—
881	Accidents in Quarries	—	—	2	—	—	—	—	—
884	Injury by Animals	1	—	—	—	1	—	1	—
886	Accidents caused by Machinery	—	—	1	—	—	—	—	—
888	Accidents—Poison Gas	—	—	—	—	—	—	1	—
889	Accidental Poisoning—Not Gas	—	—	1	1	—	—	2	—
891	Accidental Burns	4	3	7	6	1	—	12	2
892	Accidental Mechanical Suffocation	—	—	—	—	1	—	—	—
893	Accidental Drowning	4	3	5	3	4	—	9	—
894	Accidental Injury by Firearms	1	—	1	—	—	—	—	—
896	Accidental Injury by Fall	20	—	17	—	2	—	5	—
897	Accidental Injury by Landslide	—	—	6	—	—	—	4	—
900	Hunger or Thirst	—	—	1	—	—	—	1	—
904	Accidents due to Electric Currents	2	—	2	—	1	—	—	—
905	Attack by Venomous Animals	—	—	—	—	—	—	2	—
906	Anaesthetic Accidents	2	—	3	1	4	—	8	—
908	Unspecified Accidents	1	—	4	—	1	—	—	—
916	Open Verdict	—	—	1	—	1	—	—	—
	Unstated or Ill-defined :								
951	Ill-defined Causes	1	—	4	7	—	—	2	1
953	Cause Unknown	4	2	83	16	—	1	54	6
		1,167	200	3,285	1,552	292	32	2,206	133

DEATHS FROM CANCER IN AGE GROUPS—CITY CASES ONLY :

Age Group	European	Coloured	Native	Asiatic	Total
Under 1	— (1)	— (—)	— (—)	— (1)	— (2)
6—15	— (—)	— (—)	1 (—)	1 (—)	2 (—)
16—25	1 (1)	— (—)	— (4)	— (3)	1 (8)
26—45	10 (13)	1 (3)	21 (13)	8 (8)	40 (37)
46—65	67 (70)	2 (3)	19 (9)	23 (26)	111 (108)
Over 65	113 (88)	2 (3)	3 (2)	8 (16)	126 (109)
Total ...	191 (173)	5 (9)	44 (28)	40 (54)	280 (264)
Rate per 1,000 of population	1·48	·35	·33	·27	·64

PERCENTAGE OF DEATHS FROM CANCER ACCORDING TO SITE FROM 1947 TO 1951 :

Site	1947	%	1948	%	1949	%	1950	%	1951	%
Pharynx	—	—	11	4.5	—	—	13	4.9	10	3.6
Oesophagus	6	3.0	13	5.4	15	5.9	6	2.3	9	3.2
Stomach	64	32.0	70	28.9	83	32.7	64	24.2	57	20.4
Rectum	15	7.5	10	4.3	13	5.1	13	4.9	11	3.9
Liver	16	8.0	22	9.0	11	4.3	22	8.3	15	5.4
Pancreas	5	2.5	7	2.9	10	3.9	5	1.9	7	2.6
Other Digestive Organs	—	—	1	.4	—	—	—	—	—	—
Larynx	4	2.0	5	2.1	2	.8	6	2.3	9	3.2
Lung	23	11.5	26	10.8	38	15.0	36	13.6	45	16.1
Uterus	1	.5	3	1.2	5	2.0	9	3.4	20	7.1
Other Female Genital Organs ...	12	6.0	22	9.0	16	6.3	20	7.6	24	8.6
Breast	25	12.5	11	4.5	9	3.1	21	8.0	20	7.1
Prostate	6	3.0	6	2.4	7	2.8	10	3.8	4	1.4
Other Male Genital Organs	2	1.0	6	2.4	1	.4	—	—	2	.7
Male and Female Urinary Organs...	4	2.0	9	3.7	14	5.5	14	5.3	16	5.7
Skin	1	.5	—	—	1	.4	—	—	—	—
Brain	1	.5	—	—	1	.4	1	.4	—	—
Bones	1	.5	—	—	—	—	2	.8	2	.7
Unspecified Organs	14	7.0	20	8.6	28	11.0	22	8.3	29	10.3
Total	200		242		254		264		280	
Rate per 1,000 of the population ...		.6		.7		.7		.7		.7

CANCER :

The ramifications of Cancer are so widespread that all European deaths from this cause have been analysed to ascertain if any particular occupational group is more susceptible than any other, more especially in regard to site.

The schedule set out below is particularly interesting in so far that there is no occupation common to any site and that each has a diversity of occupations which run through the whole Cancer group.

A broad classification of the various occupations listed reveals—

Clerical and sedentary pursuits...	42
Artisans and tradesmen	27
Professional and technical	11
Housewives	93
Open-air (other than tradesmen)	18
Total ...	191

SITE CLASSIFICATION :

Baccal Cavity and Pharynx :

Housewife	1	Printer	1	Dip Superintendent	1
Commercial Traveller ...	1	Station Foreman	1	Fitter	1
Veterinary Surgeon	1				

Total ... 7

Oesophagus :

Housewives	2	Clerk	1	Bank Manager	1
Liftman...	1	Customs Inspector	1	Independent	1

Total ... 7

Stomach :

Housewives	20
Confectioner	1
School Inspector	1
Farmers	2
Watchmaker	1
Business Managers	2
Musician	1
Printer	1
Port Captain	1
Labourers	2
Mine Worker	1
Commercial Traveller	1
Storeman	1
Seaman	1
Merchant	1
Fitters	2
Bookmaker	1
Bar Manager	1
Painter	1
Clerk	1

Total ... 43

Rectum :

Housewives	5
Belt Repairer	1
Packer	1
Musician	1
Clerk	1

Total ... 9

Liver :

Housewife	1
Surveyor	1
Lorry Driver	1
Loco Foreman	1
Photographer	1
Storekeeper	1
Carpenter	1
Clerk	1
Fitter	1

Total ... 9

Pancreas :

Housewives	2
Lorry Driver	1
Estate Agent	1
Ships Guard	1
Boiler Maker	1

Total ... 6

Larynx :

Tea Room Proprietor	1
Chemist	1
Storeman	1
Company Director	1
Engineer	1
Building Contractor	1
Hotel Proprietor	1

Total ... 7

Lung :

Housewives	7
Painter	1
Boiler Maker	1
Commercial Traveller	1
Civil Servant	1
Cashier	1
Coach Builder	1
Foreman	1
Bricklayers	3
Clerks	2
Carpenter	1
Superintendent (G.P.O.)	1
Blacksmith	1
Machinist	1
Crane Driver	1
Sadler	1
Salesman	1
Electrician	1
Mechanical Engineer	2
Company Director	3
Messenger	1
Mine Surveyor	1
Ticket Examiner	1
Agent	1

Total ... 36

Uterus :

Housewives	10

Total ... 10

Other Female Genital Organs :

Housewives	10

Total ... 10

Breast (Male and Female) :

Housewives	12
Clerk	1

Total ... 13

Prostate :

General Dealer	1
Clerks	2

Total ... 3

Male Genital Organs :

Clerk	1

Total ... 1

Urinary Organs (Male and Female) :

Housewives	4
Caretaker	1
Saleswoman	1
Bookkeeper (Female)	1
Fitter	1
Commercial Traveller	1
Plumber	1

Total ... 10

Bones :

Housewife	1
Sugar Planter	1

Total ... 2

Other and Unspecified Organs :

Housewives	8
Carpenters	2
Engine Driver	1
Fitter	1
Salesman	1
Lorry Driver	1
Liftman	1
Clerks	3

Total ... 18

DEATHS IN AGE GROUPS : ENTERIC, MALNUTRITION, GASTRO-ENTERITIS, PNEUMONIA AND BRONCHITIS (CITY ONLY) :

Age Group	ENTERIC					MALNUTRITION					GASTRO-ENTERITIS					PNEUMONIA AND BRONCHITIS				
	Europ.	Col.	Native	Asiatic	Total	Europ.	Col.	Native	Asiatic	Total	Europ.	Col.	Native	Asiatic	Total	Europ.	Col.	Native	Asiatic	Total
Under 1 ...	— (—)	— (—)	— (3)	— (—)	— (3)	— (1)	2 (1)	75 (69)	15 (18)	92 (89)	6 (8)	22 (12)	598 (376)	103 (86)	729 (482)	4 (4)	5 (10)	367 (307)	144 (159)	520 (480)
1— 2 ...	— (—)	— (1)	— (2)	— (—)	— (3)	— (—)	2 (1)	57 (50)	6 (12)	65 (63)	2 (—)	4 (3)	240 (154)	24 (24)	270 (181)	2 (1)	5 (1)	126 (127)	53 (81)	186 (210)
3— 5 ...	— (—)	— (—)	2 (1)	— (—)	2 (1)	— (—)	1 (—)	4 (9)	3 (2)	8 (11)	— (—)	— (1)	30 (31)	8 (8)	38 (40)	— (—)	— (2)	28 (32)	39 (38)	67 (72)
6—15 ...	— (—)	— (—)	9 (2)	2 (1)	11 (3)	— (—)	— (—)	1 (1)	3 (—)	4 (1)	— (—)	— (—)	7 (1)	2 (—)	9 (1)	— (—)	— (—)	6 (3)	17 (17)	23 (20)
16—25 ...	— (—)	— (—)	6 (2)	2 (1)	8 (3)	— (—)	— (—)	3 (—)	— (—)	3 (—)	— (—)	— (—)	— (1)	1 (1)	1 (2)	— (—)	— (—)	9 (11)	8 (9)	17 (20)
26—45 ...	— (—)	— (—)	6 (4)	2 (—)	8 (4)	— (—)	— (—)	1 (3)	2 (—)	3 (3)	— (—)	— (—)	3 (6)	2 (3)	5 (9)	2 (2)	5 (2)	25 (17)	17 (12)	49 (33)
46—65 ...	— (—)	— (—)	1 (1)	— (—)	1 (1)	— (—)	— (—)	3 (3)	1 (—)	4 (3)	1 (—)	— (—)	2 (3)	2 (—)	5 (3)	10 (14)	— (2)	23 (9)	43 (30)	76 (55)
65 and over	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (1)	— (—)	— (1)	— (3)	— (—)	— (—)	3 (4)	3 (7)	32 (25)	1 (2)	7 (4)	47 (44)	87 (75)
Total ...	— (—)	— (1)	24 (15)	6 (2)	30 (18)	— (1)	5 (2)	144 (136)	30 (32)	179 (171)	9 (11)	26 (16)	880 (572)	145 (126)	1060 (725)	50 (46)	16 (19)	591 (510)	368 (390)	1025 (965)

INFECTIOUS DISEASES NOTIFIED DURING THE YEAR :

DISEASE	European		Coloured		Native		Asiatic	
Cerebro Spinal Meningitis :								
Local cases	2	(3)	2	(2)	11	(13)	7	(5)
Imported cases	5	(1)	2	(—)	5	(5)	3	(1)
Local deaths	3	(—)	1	(—)	1	(2)	8	(2)
Imported deaths	—	(—)	—	(—)	1	(—)	1	(—)
Diphtheria :								
Local cases	58	(145)	14	(34)	150	(124)	47	(58)
Imported cases	24	(48)	4	(2)	51	(58)	18	(16)
Local deaths	2	(1)	2	(2)	24	(18)	11	(7)
Imported deaths	—	(2)	1	(—)	38	(22)	3	(2)
Encephalitis :								
Local cases	4	(6)	—	(—)	4	(1)	2	(—)
Imported cases	—	(—)	—	(—)	1	(—)	—	(1)
Local deaths	2	(2)	—	(—)	2	(4)	—	(—)
Imported deaths	—	(1)	—	(—)	1	(—)	1	(—)
Erysipelas :								
Local cases	9	(5)	1	(2)	2	(9)	1	(—)
Imported cases	3	(1)	—	(—)	4	(—)	1	(—)
No deaths recorded.								
Leprosy :								
Local cases	1	(2)	—	(—)	7	(13)	1	(1)
Imported cases	—	(—)	—	(—)	3	(5)	—	(—)
Local deaths	—	(—)	—	(—)	1	(—)	—	(—)
Poliomyelitis :								
Local cases	4	(13)	—	(—)	1	(1)	2	(2)
Imported cases	3	(6)	—	(—)	1	(3)	1	(2)
Local deaths	—	(4)	—	(—)	1	(—)	1	(2)
Imported deaths	—	(—)	—	(—)	—	(5)	—	(—)
Scarlet Fever :								
Local cases	114	(67)	2	(—)	—	(1)	—	(1)
Imported cases	12	(12)	1	(—)	—	(—)	—	(—)
No deaths recorded.								
Smallpox :								
Local cases	—	(1)	—	(—)	—	(6)	—	(—)
Imported cases	—	(—)	—	(—)	1	(1)	—	(1)
Local deaths	—	(1)	—	(—)	—	(1)	—	(—)
Imported deaths	—	(—)	—	(—)	1	(4)	—	(1)
Typhus—Murine :								
Local cases	—	(1)	—	(—)	—	(—)	—	(—)
Imported cases	—	(1)	—	(—)	1	(—)	—	(—)
No deaths recorded.								
Typhoid :								
Local cases	7	(16)	1	(2)	66	(36)	24	(40)
Imported cases	6	(7)	1	(1)	127	(82)	42	(45)
Local deaths	—	(—)	—	(1)	24	(15)	6	(2)
Imported deaths	—	(1)	—	(—)	29	(20)	3	(3)
Trachoma :								
Local cases	—	(—)	—	(—)	—	(—)	1	(—)
No deaths recorded.								
Undulent Fever :								
Local cases	1	(—)	—	(—)	—	(—)	1	(—)
No deaths recorded.								
Lead Poisoning :								
Local cases	1	(—)	5	(—)	—	(—)	—	(—)
No deaths recorded.								
Malaria :								
No cases reported.								
Local deaths	—	(—)	—	(—)	—	(—)	1	(—)

2. INFECTIOUS DISEASES :

It is pleasing to record that during the year there were no outbreaks or epidemics in respect of any of the notifiable infectious diseases.

Typhoid : 98 were notified, which was approximately the same number reported last year. There was a decline in the number of cases amongst the European and Asiatic sections of the community, but Native cases increased to 66 as against 34 last year. 46 of the Native cases resided in the Mayville (Cato Manor) area and, of these, 11 cases were domiciled in the vicinity of Ridge View Road. The patients in this group sickened sporadically throughout the latter portion of the year and, although all the evidence pointed to a common source of infection, this was never traced despite intensive investigations. During the year, the employees of the Water Department were classified according to the nature of their work and their degree and liability to contaminate Durban's water supply. All employees in the highest priorities were vi-tested and at the end of the year the service had been extended to those falling in the middle categories. It is interesting to note that amongst those tested first, were two Bantu labourers working at the Durban Heights Water Works who gave positive results and who were subsequently proved to be typhoid carriers.

Diphtheria : City notifications during the year numbered 269 as against 361 for the year previous. There was no recurrence of the unduly high prevalence experienced during the summer and early autumn months of 1949/1950. European cases showed a notable decline and, of the 150 Native cases, 88 contracted the infection in the King Edward VIII Hospital.

Poliomyelitis : The position as regards this disease remained satisfactory throughout the year, only 7 cases being notified.

Scarlet Fever : There was an increase in the number of notifications of Scarlet Fever as compared with last year—116 cases being reported as against 69. With the exception of two Coloured cases, all the patients were Europeans.

Leprosy : 9 cases, comprising 1 European, 7 Natives and 1 Asiatic, were notified, and their disposal undertaken by the Union Department of Health.

Cerebro-spinal Meningitis : 22 cases were notified, half of which occurred amongst the Bantu sections.

Encephalitis : 10 cases were reported : 4 of these were associated with Mumps, Measles and Influenza, and one was diagnosed as the lethargic type, whilst the nature of the remainder was unspecified.

Lead Poisoning : 6 cases of industrial lead poisoning were notified during the year. Apart from these, one European child was affected through swallowing paint.

Smallpox : One imported case was notified in May. The patient was a Native child aged three years, who was admitted to a Durban hospital from the Mahlabatini District, Zululand, where the disease had been smouldering for some months. As this child had been in contact with a fair number of Durban residents, measures were taken to protect groups at risk, such as ambulance drivers, hospital staffs, inmates of Native hostels and ricksha pullers. Fortunately, no secondary cases developed.

Typhus : No cases either of the epidemic or endemic type were reported during the year.

Yellow Fever Control : By virtue of the following factors, this City is exposed to the risk of the introduction of Yellow Fever from that area of Central Africa wherein the disease is endemic :—

(a) Local prevalence of potential carriers (Aedes mosquitoes) ;

(b) Indigenous (Rhesus) monkey population, which might provide a reservoir of infection ;

(c) Air-borne passenger traffic from the proclaimed endemic area in Africa. Aircraft are unlikely to bring an infected passenger owing to insistence of the authorities upon prior immunisation, but the introduction of an infected mosquito is more difficult to control.

The existing risk, though not negligible, is small in view of the relative infrequency of aircraft arrivals at Stamford Hill Airport from the endemic area (once weekly) and the routine spraying of aeroplanes immediately upon arrival. In addition, they are sprayed at landing places between the endemic area and Durban.

Factors likely to increase the risk :

(1) Use of the new Airport at Reunion by trans-African aircraft, prior to effective control of " Aedes " breeding within a wide area including and encompassing that airport.

(2) The ultimate and inevitable expansion of trans-African air services.

Other Diseases Borne by " Aedes " Mosquitoes :

Dengue Fever : Its mode of introduction might be similar to that envisaged for Yellow Fever. However, Dengue Fever presents an additional danger of an infected person entering the country, in that immunisation of travellers against this disease is not yet possible.

Rift Valley Fever : This disease of animals, which affects man in a mild form, is possibly carried by certain " Aedes " mosquitoes. Already introduced to the Union, the spread of the infection to this City may, to some extent, be limited by anti-Aedes measures. It is a matter of urgent public health policy to prevent the introduction of Yellow Fever into the City. The groundwork has been laid by anti-mosquito sanitation programmes initiated in 1928 and maintained vigorously ever since. But the total elimination of Aedes breeding in a subtropical, multi-racial city of Durban's size is a colossal undertaking, to be accomplished in stages as the means are obtainable. A plan of enhanced control was evolved, and put into operation during the year. The measures adopted are summarised as follows :—

Evaluation of Data : Data were first obtained relative to the efficient elimination of Aedes mosquitoes. In particular, the methods of control in Mombasa and Brazil were studied insofar as they could be applied to local conditions.

Zoning of City : Complete coverage of every unit (house, factory, vacant erf, shop, barracks and other premises) throughout the City would be impracticable without an enormous increase in staff. Therefore, zones were demarcated according to the relative exposure to risk of various areas. Such zones were as follows :—

Intensive Control Zones : Areas surrounding or contiguous to aerodromes.

Temporary Intensive Control Zones : Areas surrounding both local Abattoirs. These were maintained while there was danger of Rift Valley Fever being introduced.

Active Control Zone : All remaining parts of the City outside the above-named zones.

House-to-House Inspection : A team of Health Assistants was assigned to the systematic inspection of every unit within the Intensive Control Zones. Although the work has not yet been completed, over 5,000 units of all kinds have already been inspected and complete records obtained. In the Active Control Zone District Inspectors are paying special attention to the discovery of conditions favourable to " Aedes " breeding and are advising owners and occupiers as to their legal obligations in the matter.

Aedes Larval (House) Indices in the Intensive Control Zones :

Zone 1	(Area to the south of the Umhlatuzana River and contiguous in part, on its southern boundary, with Reunion Airport)	6·6%
Zone 2	(Area including and surrounding Stamford Hill Airport)	·0%
Zone 3	(Area including and surrounding Municipal Abattoir)	·0%
Zone 4	(Area including and surrounding an Abattoir in the Maydon Wharf Area)	·0%

Results in Zones 1, 3 and 4 are based upon single surveys performed during the last six months. Zone 2, however, is subjected to weekly inspections in view of the fact that aircraft from endemic Yellow Fever areas are at present restricted to landing at Stamford Hill Aerodrome.

Co-operation with Other Local Authorities :

Union Department of Health, Currie Road, Durban : Close liaison has been maintained in all matters of mutual concern.

Other Government Departments : Through the courtesy of the Deputy-Chief Health Officer all Government Departments in Durban have been acquainted with the control measures used by Durban Municipality and requested to complement same in their several areas of jurisdiction.

Other Corporation Departments : The co-operation of other Municipal Departments was enlisted in bringing anti-Aedes methods to the notice of their employees in the course of eliminating swamps, overgrowth and other conditions favourable to mosquito-breeding. Prior attention has naturally been given to the Intensive Control Zones. That other areas of the City have not been neglected, however, is instanced by the City and Water Engineer's recent presentation to Council of a programme for eliminating swamps in the Durban North area.

Anti-Aedes Publicity : Efforts have been made to interest Scouts, Guides and other youth organisations in formulating their own anti-Aedes programmes as part of future routine activities. The co-operation of various other organisations, school children and employees of large firms was also sought, no age or racial groups being excepted. The methods adopted (additional details of which will be found in the section dealing with " Public Health Education ") included the following :—

Compilation and distribution of a lecturette on methods of Aedes Control and of a list of instructions to householders.

Production and public exhibition of a special Aedes Control Film-strip entitled " This is War."

Presentation of appropriate sound films, posters, group talks and loudspeaker-van talks.

Total Aedes eradication in this City presents a problem the magnitude of which is enhanced by local peculiarities of contour, development, situation, climate and vegetation. Such matters will form the subject of a Regional Health Conference which, it is hoped, the Secretary for Health will soon convene in response to a recent invitation from the City Council. In view of the constant ingress of Aedes mosquitoes from areas outside the City boundary, an unremitting anti-Aedes programme must henceforth be regarded as a permanent feature of the activities of this Department and of adjacent local authorities.

2 (i) IMMUNISATION :

The community programme includes protection against diphtheria, whooping cough, enteric fever and smallpox. The established static, mobile and school clinics have been maintained and operated regularly throughout the year. The service continues to be well supported by all races. Purified toxoid aluminium phosphate (P.T.A.P.), a preparation for immunisation against diphtheria was introduced to replace alum precipitate toxoid (A.P.T.). After various tests had been carried out, this new preparation was formed to produce less local reaction than A.P.T. It has been used in the mobile clinic since it has the additional advantage that even if only one injection is given, a 95% immunity can be established.

Having been in daily use since 1946 the mobile clinic van was found to be beyond repair and was accordingly replaced by a new vehicle. Mobile clinic services are conducted in all suburban areas, each being visited twice a year. As a result the immunity state of non-Europeans, particularly as regards smallpox has been maintained at a high level. The number immunised against diphtheria was higher than in any previous year. All European and non-European schools were covered by the service before the end of December, 1950.

During the year, all non-European school entrants who were not previously protected were immunised.

	European	Coloured	Native	Asiatic	Total
Enteric Fever Control :					
Total Number Vi-tested	38	5	1,702	116	1,861
Total Number Immunised	78	7	5,885	252	6,222
Smallpox Control :					
Total Number Vaccinated against Smallpox	1,583	1,009	16,667	13,017	32,276
Diphtheria Control :					
1st Injection	440	775	4,061	10,952	16,228
2nd Injection	647	1,152	3,942	10,428	16,169
3rd Injection—T.A.F. only	476	502	874	2,986	4,838
Boosters	415	222	5	1,105	1,747
Total ...	1,978	2,651	8,882	25,471	38,982
Diphtheria and Whooping Cough Control :					
1st Injection	684	148	175	86	1,093
2nd Injection	637	113	109	75	934
3rd Injection	683	123	62	46	914
Total ...	2,004	384	346	207	2,941

Vi-Testing and Enteric Carrier Control :

The Vi-testing programme has been maintained and extended during the year and now includes employees in the following types of food handling :—Dairies, Ice Cream Factories, Milk Bars, Cafes-de-move-on, Tea

Rooms, Margarine Factories, Water Works and Native Eating Houses. After being Vi-tested, each food-handler is immunised against typhoid and thereafter receives a "booster" dose at two-yearly intervals.

The following table shows the number of tests and immunisations carried out :

	European	Coloured	Native	Asiatic	Total
Dairies	—	—	1,187	43	1,230
Tea Rooms, Milk Bars, etc.	9	—	56	23	88
Ice Cream Factories	4	1	135	—	140
Margarine Factories	13	—	30	—	43
Native Eating Houses	—	—	39	—	39
Pedlars	—	—	3	3	6
Miscellaneous	—	4	25	16	45
Typhoid Contacts and Cases	1	—	6	8	15
D.C. Water Department...	11	—	221	23	255
Total	38	5	1,702	116	1,861
Vi-Negative	38	5	1,689	116	1,848
Vi-Positive	—	—	13	—	13

Individual immunisations for the year were as under :

	European	Coloured	Native	Asiatic	Total
Diphtheria :					
Partial	565 (5,011)	983 (1,353)	4,706 (1,788)	13,196 (4,833)	19,450 (12,985)
Complete	1,569 (7,945)	1,730 (1,124)	4,190 (1,481)	12,311 (4,982)	19,800 (15,532)
Combined :					
Partial	1,321 (2,594)	261 (513)	284 (791)	159 (328)	2,025 (4,226)
Complete	683 (1,224)	123 (166)	64 (89)	40 (43)	910 (1,522)
Enteric :					
Partial	40 (65)	7 (9)	3,781 (1,763)	115 (943)	3,943 (2,780)
Complete	37 (229)	— (41)	2,050 (1,521)	133 (511)	2,220 (2,302)
Vi-Tests :					
Number taken	38 (35)	5 (6)	1,689 (1,543)	116 (247)	1,848 (1,831)
Positive Reactors	— (—)	— (—)	13 (19)	— (6)	13 (25)

Smallpox Vaccination (By courtesy of the Deputy Chief Health Officer) :

Infants :

Births in Vaccination Register	4,022
Successfully vaccinated	1,892
Insusceptible to vaccination	115
Postponed owing to illness	5
Deaths of children under 2 years	188

Others :

Successfully vaccinated	35
Insusceptible to vaccination	1
Exemption certificates granted	19

Vaccinations carried out by the City Health Department :

European	1,583	
Coloured	1,009	
Native	16,667	
Asiatic	13,017	
		32,276

By Native Administration Department :

Natives		118,565
		150,841

3. TUBERCULOSIS

(1) MORBIDITY AND MORTALITY

(a) The number of known cases of Tuberculosis in Durban was as follows :—

	European	Coloured	Native	Asiatic	All Races
Respiratory	1,025	435	3,355	1,717	6,532
Non-Respiratory	139	68	153	86	446
All Forms	1,164	503	3,508	1,803	6,978

(b) and (c) Statistics relating to new cases notified, and deaths recorded, during the year, are set out hereunder. In addition, Notification and Death rates, Notifications and Deaths according to age-groups, and Deaths amongst European and Coloured patients arranged according to Occupational groups, are appended. There is finally a comparative table of statistics relating to the last seven years.

(2) LOCAL FACTORS.—The low prevalence of Tuberculosis among Durban Europeans rules out the sub-tropical climate with its trying heat and humidity in summer as a factor in the etiology of Tuberculosis locally. The basic environmental factor is urbanisation of the non-European races, who suffer heavily in the process of adjustment from conditions of their primitive origin to those of a modern industrial city. Overcrowding, fatigue, lack of rest, poor feeding, lack of recreation and a low living standard generally, combine to create conditions ultra favourable to the spread of Tuberculosis. Important contributory factors are the belated discovery of " open " cases and the rapidity with which the minimum stage of pulmonary lesions is succeeded by the "open" or infectious stage. In this connection, the shortage of bed-space and the reluctance of Natives particularly to remain in hospital are to be noted as important.

The problem of Tuberculosis among non-Europeans is largely a socio-economic problem, soluble in terms of improvement in their living environment, their advance to a higher earning capacity and higher standards of living—better housing, nutrition, education and recreation.

Medical aspects of the problem relate to :—

(a) The progress of primitive peoples toward a higher level immunisation against the infection ;

(b) Improved case-finding as a precursor to :—

- (i) efficient isolation of " spreaders " ;
- (ii) removal of cases in the early stages from work and fatigue.

(3) LOCAL FACILITIES FOR TREATMENT AND SEGREGATION

(a) Institutional. (i) Durban cases are admitted to the following hospitals which are situated in or near Durban, and which contain the following number of beds :—

Hospital	European	Coloured	Native	Asiatic	All races
King George V/Springfield (Union Health Dept.)	145	69	526	198	1,138
F.O.S.A. Settlement (Private)	—	2	—	67	69
Indian Immigration (Provincial Government) ...	—	—	100	25	125
McCord Zulu (Private Board)	—	—	41	13	54
St. Aidan's (Mission)	—	—	—	22	22
Wentworth (Provincial Government)	88	—	—	—	88
Umlazi (Mission)	—	—	153	—	153
	233	71	820	325	1,649

In addition to the above, a considerable number of cases are diagnosed as suffering from Tuberculosis after admission to Addington, King Edward VIII and the S.A.R. Hospitals.

(ii) During the year, 1,365 City cases were admitted to hospital. This number is constituted as follows :—

Europeans	195
Coloureds	125
Natives...	603
Asiatics...	442
	1,365

(b) Extra-Institutional. (i) Tuberculosis Clinics were held at the City Health (Tuberculosis) Clinic, and at Springfield Hospital, throughout the year.

The City Health Clinic has continued to function under the temporary arrangement whereby the staffs of King George V Hospital and of the City Health Department co-operate. Sessions have been held for all races, although the vast majority of the out-patients were Europeans. Both City and Imported cases are attended to and the Durban City Council contributes its statutory share of costs in respect of all out-patients. Three clinic sessions are held per week.

The Clinic at Springfield Hospital has catered principally for non-Europeans, for whom five sessions are held per week.

The following are the attendances for the year at the City Health (Tuberculosis) Clinic :—

Europeans	9,721
Coloureds	1,135
Natives...	1,030
Asiatics...	1,791
	13,677

(ii) All artificial pneumothorax and pneumoperitoneum treatment is carried out at King George V/Springfield Hospital. It is proposed that, when the transfer of the City Health Clinic to the Government becomes effective, all refills will be undertaken at the Clinic itself.

(4) PERSONNEL AND EQUIPMENT FOR CASE FINDING.

(a) Radiological and Fluoroscopic Services.—The above services are available in Durban at the City Health (Tuberculosis) Clinic and at the Springfield Hospital Clinic.

Some time ago, an X-ray set was purchased by the Native Administration Department with the object of X-raying all Natives who apply for permits to seek work. For various reasons, this proposal proved to be unworkable. It is now proposed to loan this X-ray set to the City Health (Tuberculosis) Clinic so as to enable the Clinic to conduct group surveys, particularly amongst non-Europeans.

Finally, Durban is indeed fortunate in the fact that the Union Health Department's Mobile X-ray Unit has, during this and preceding years, carried out extensive chest X-ray surveys amongst the staffs of commercial and industrial concerns, schools, etc.

(b) Tuberculin Testing.—Tuberculin testing is being carried out fairly extensively, at the various Tuberculosis Clinics in Durban, at patients' homes by the Visiting Staff of this Department, by the staffs of the Government Health Centres and also in conjunction with the X-ray work undertaken by the Government Mobile Survey Unit. Both intra-dermal and Patch methods have been used.

(c) Routine Follow-up Work.—Every case notified to this Department is investigated at his home-address and, where feasible, at his place of work. Every home-contact is advised to attend a Clinic for examination; the response, on the whole, being fairly good. In some instances, contacts are referred for subsequent examinations after a lapse of three to six months. Facilities for repeated and regular X-raying of contacts, however, are inadequate at present. All close work-contacts of cases are also referred to Clinics, and in this regard, employers have been found to be most co-operative.

(d) Personnel Engaged in Public Health Control of Tuberculosis.—The staff of the Department's Tuberculosis section consists of one Medical Officer, five European Health Visitors, three Clerks, and four Bantu and four Indian Health Assistants.

The European Health Visitors undertake domiciliary work amongst European and Coloured cases, and also act as Clinic Sisters during Clinic sessions. They also attend the monthly meetings of the Care Committee of the Natal Anti-Tuberculosis Association, at which applications for assistance from Tuberculosis cases of all races are given consideration.

The non-European Health Assistants undertake all the follow-up work amongst their respective races, and assist at the non-European's clinic sessions.

The Health Education Section of this Department has, throughout the year, carried out a very full programme of film-shows and health-talks to large groups of non-Europeans, at industrial and commercial houses, in the shack areas, and at barracks and compounds. In the home-visiting sphere, Health Education is part of the routine work of the Health Visiting staff.

(5) MISCELLANEOUS MATTERS OF INTEREST.

(a) Transfer of City Health (Tuberculosis) Clinic to Government.—The question of transferring the Clinic into Government ownership was first raised in July, 1946. Considerable correspondence and discussions subsequently took place, and in January, 1950, amended proposals regarding the terms of transfer were forwarded by the Town Clerk to the Secretary for Health. This led to further correspondence, and on the 26th September, 1950, the Secretary for Health, while on a visit to this City, discussed this matter further with the Chairman of the Public Health Committee, the City Treasurer and the City Medical Officer of Health. Subsequently, at the meeting of the Public Health Committee held on 6th March, 1951, the City Treasurer advised that finality had been reached with regard to the transfer of the Clinic to the Government, and that Ministerial consent to the transfer was awaited. The public health year ended without actual finality being reached in this matter, but with the impression being held that this would not be long delayed.

(b) X-Ray Set at Native Administration Department.—Durban's Tuberculosis Control Scheme includes the provision of an X-ray set at the Native Administration Department, so that every Native attending the Registration Office for a permit to seek work might be X-rayed as part of his routine medical examination. The set was duly obtained and installed and a trial survey was conducted by the staff of the Tuberculosis Division of the Union Health Department, during the four months, February to May, 1950. During this survey, some 31,000 Natives, 27,000 of whom had previously worked in Durban, were X-rayed. The incidence rate of Tuberculosis amongst this latter group of 27,000 was found to be 0.7%, whilst the rate amongst Natives who had not previously worked in Durban was 0.77%.

On the 15th March 1951, a meeting, at which were present Dr. B. A. Dormer, the Chairman of the Native Administration Committee, and Municipal Officials, was held to discuss future policy regarding the X-raying of Natives arriving in Durban for work. It was decided, for several very cogent reasons, to recommend that the City Council amend its previous policy, and that the X-ray set be loaned to the Union Health Department and installed at the City Health (Tuberculosis) Clinic, and that all Natives attending the Registration Office who are suspected to be suffering from Tuberculosis, be referred to the Clinic for X-ray. The approval of the Minister of Native Affairs in this regard is now awaited.

(c) Incidence of Tuberculosis in Shack Areas at Cato Manor.—Statistical study reveals the depressing effects of bad housing and overcrowding, poverty and malnutrition, fatigue and alcoholism. In 1938, when the number of shacks at Cato Manor was at a minimum, 79 Native cases of Tuberculosis from Cato Manor were notified, out of a total of 338 Native cases in the whole of Durban, i.e. 23.4%. In 1949, 369 Native cases from the shack areas were notified out of a total for Durban of 1,035 Native cases, i.e. 35.7%.

TUBERCULOSIS—STATISTICS :

	European		Coloured		Native		Asiatic		Total	
(a) **Notifications :**										
(i) *Pulmonary :*										
Local cases	181	(160)	120	(133)	1052	(1035)	516	(419)	1869	(1747)
Imported cases ...	107	(91)	31	(23)	1282	(1366)	122	(126)	1542	(1606)
(ii) *Non-Pulmonary :*										
Local Cases	5	(3)	11	(7)	103	(88)	46	(30)	165	(128)
Imported Cases ...	—	(1)	—	(3)	247	(223)	20	(20)	267	(247)
(b) **Deaths :**										
(i) *Pulmonary :*										
Local Cases	33	(34)	39	(28)	385	(378)	143	(142)	600	(582)
Imported cases ...	18	(15)	5	(7)	515	(497)	21	(32)	559	(551)
(ii) *Non-Pulmonary :*										
Local cases	4	(3)	5	(4)	66	(81)	31	(32)	106	(120)
Imported cases ...	2	(1)	2	(—)	57	(79)	9	(2)	70	(82)

NOTIFICATION OF AND DEATHS FROM TUBERCULOSIS (ALL FORMS) IN AGE GROUPS—CITY CASES ONLY :—

NOTIFICATIONS :

Age Groups	European	Coloured	Native	Asiatic	Total
0— 5	10 (8)	40 (26)	144 (136)	125 (71)	319 (241)
6—15	5 (3)	13 (18)	91 (70)	68 (51)	177 (142)
16—25	35 (29)	26 (37)	252 (288)	178 (160)	491 (514)
26—45	75 (68)	29 (43)	494 (463)	149 (138)	747 (712)
46—65	46 (45)	20 (14)	150 (143)	38 (24)	254 (226)
65 and over ...	15 (10)	3 (2)	24 (23)	4 (5)	46 (40)
	186 (163)	131 (140)	1155 (1123)	562 (449)	2034 (1875)

DEATHS :—

Age Groups	European	Coloured	Native	Asiatic	Total
0— 5	3 (—)	6 (6)	75 (114)	28 (15)	112 (135)
6—15	1 (—)	2 (1)	21 (22)	12 (16)	36 (39)
16—25	4 (2)	7 (10)	83 (79)	56 (64)	150 (155)
26—45	10 (15)	17 (9)	172 (144)	52 (65)	251 (233)
46—65	11 (16)	11 (4)	82 (79)	24 (13)	128 (112)
65 and over ...	8 (4)	1 (2)	18 (21)	2 (1)	29 (28)
	37 (37)	44 (32)	451 (459)	174 (174)	706 (702)

NOTIFICATION AND DEATH RATES PER 1,000 OF THE POPULATION—CITY CASES :—

	European		Coloured		Native		Asiatic		All Races		Non-Europ.	
	N/R	D/R	N/R	D/R	N/R	D/R	N/R	D/R	N/R	D/R	N/R	D/R
Pulmonary :												
1951	1·39	·26	8·02	2·61	7·91	2·89	3·58	·99	4·44	1·42	5·78	1·94
1950	1·21	·26	10·37	2·18	8·13	2·97	3·29	1·11	4·37	1·45	5·93	2·05
Non-Pulmonary :												
1951	·04	·03	·73	·33	·77	·50	·32	·22	·39	·25	·55	·35
1950	·02	·02	·55	·31	·69	·63	·23	·25	·32	·30	·46	·44
All Forms :												
1951	1·43	·29	8·75	2·94	8·68	3·39	3·90	1·21	4·83	1·67	6·33	2·29
1950	1·23	·28	10·92	2·49	8·82	3·60	3·52	1·36	4·69	1·75	6·39	2·49

	European	Coloured	Native	Asiatic	Total
Hospital Admissions	195 (212)	125 (102)	603 (601)	442 (275)	1365 (1190)
Clinic Attendances	9721 (6904)	1135 (1002)	1030 (1355)	1791 (1354)	13677 (10615)
Patients visited	4976 (4481)	1777 (2054)	4940 (5838)	4501 (4646)	16194 (17019)
Hospital discharges	180 (226)	72 (73)	382 (764)	302 (315)	936 (1378)

The following comprise a list of occupations of persons who died from Tuberculosis during the year :—

EUROPEAN—PULMONARY:—

CITY				IMPORTED			
Male		Female		Male		Female	
Bus Driver	1	Housewives	7	Blacksmith	1	Housewives	4
Bottle Store Asst.	1	Typist	1	Clerk	1		
Boiler Maker	1			Checker	1		
Barman	1			Engineer	1		
Builder	1			Foreman	1		
Carpenters	3			Farmer	2		
Caterer	1			Invalid	1		
Clerk	1			Jeweller	1		
Electricians	2			Mechanic	1		
Engine Driver	1			Male Nurse	1		
Factory Hand	1			Salesman	1		
Glazer	1			Storeman	1		
Handyman	1			Watchmaker	1		
Hairdresser	1						
Labourer	1						
Miner	1						
Proof Reader	1						
Plumber	1						
Plasterer	1						
Salesman	2						
Shop Assistant	1						
	25		8		14		4
NON-PULMONARY							
Infant	1	Infant	1	Infant	1	Infant	1
Scholar	1	Scholar	1				
	2		2		1		1

COLOURED—PULMONARY:—

CITY				IMPORTED			
Male		Female		Male		Female	
Agent	1	Domestic Servant	1	Labourers	2	Housewives	2
Checker	1	Housewives	8	Scholar	1		
Chef	1	Infant	1				
Handymen	6	Scholar	1				
Infant	1						
Labourers	10						
Painters	3						
Seaman	1						
Shoemaker	1						
Taxi Driver	1						
Trimmer	1						
Welder	1						
	28		11		3		2
NON-PULMONARY							
Infants	2	Infants	2	Fisherman	1		
Labourer	1			Infant	1		
	3		2		2		

PULMONARY TUBERCULOSIS. **Comparison for the period 1945 to 1951.**

	EUROPEANS							COLOUREDS							NATIVES							ASIATICS						
	1945	1946	1947	1948	1949	1950	1951	1945	1946	1947	1948	1949	1950	1951	1945	1946	1947	1948	1949	1950	1951	1945	1946	1947	1948	1949	1950	1951
City :																												
Notifications	131	118	153	176	189	160	181	105	66	122	139	153	133	120	952	945	944	1163	1018	1035	1052	435	527	429	543	465	419	516
Notification Rate per 1,000	1·19	·94	1·21	1·38	1·46	1·21	1·39	11·66	6·44	11·49	12·64	13·44	10·37	8·02	13·25	8·67	8·65	10·62	9·29	8·13	7·91	4·57	5·63	3·67	4·52	3·77	3·29	3·58
Deaths	42	47	57	55	40	34	33	43	44	41	42	40	28	39	446	461	364	385	351	378	385	233	245	188	216	207	142	143
Death Rate per 1,000 ...	·38	·38	·45	·43	·31	·26	·26	4·78	4·29	3·86	3·82	3·51	2·18	2·61	6·21	4·23	3·33	3·52	3·20	2·97	2·89	2·19	2·15	1·61	1·79	1·68	1·11	·99
Imported :																												
Notifications	53	53	12	55	52	91	107	19	5	8	21	21	23	31	667	820	770	1328	1373	1366	1282	53	58	43	149	106	126	122
Deaths	14	10	12	11	22	15	18	1	4	5	12	8	7	5	134	361	389	489	513	497	515	22	29	21	39	37	32	21

NON-PULMONARY TUBERCULOSIS.

	EUROPEANS							COLOUREDS							NATIVES							ASIATICS						
	1945	1946	1947	1948	1949	1950	1951	1945	1946	1947	1948	1949	1950	1951	1945	1946	1947	1948	1949	1950	1951	1945	1946	1947	1948	1949	1950	1951
City :																												
Notifications	10	2	15	10	9	3	5	7	10	11	15	7	7	11	88	55	99	78	86	88	103	41	32	37	35	45	30	46
Notification Rate per 1,000	·09	·01	·12	·08	·07	·02	·04	·77	·97	1·03	1·34	·61	·55	·73	1·22	·50	·91	·71	·80	·69	·77	·41	·28	·31	·29	·44	·23	·32
Deaths	1	10	10	3	7	3	4	6	1	4	5	3	4	5	40	51	59	64	61	81	66	25	16	17	35	26	32	31
Death Rate per 1,000 ...	·01	·08	·08	·02	·05	·02	·03	·66	·09	·38	·45	·27	·31	·33	·55	·47	·54	·59	·56	·63	·50	·25	·14	·14	·29	·21	·25	·22
Imported :																												
Notifications	1	—	1	—	—	1	—	3	—	1	—	—	3	—	175	102	173	168	208	223	247	7	5	25	20	10	20	20
Deaths	3	4	1	1	1	1	2	1	2	1	—	—	—	2	39	29	59	75	77	79	57	5	1	6	1	1	2	9

4. VENEREAL DISEASES.—The clinical programme provides the following services :—

Four sessions weekly (of one hour each) for European males ; one session weekly (of three hours) for European females. Both clinics are held at Addington Hospital. Urgent cases are seen on Saturday mornings during a 1½ hour session. Another Addington Hospital Clinic caters for Coloured cases only. The McCord Zulu Hospital and City Hospital Clinics at Congella cater for Asiatic, Bantu and Coloured cases. In all, fourteen weekly sessions (of from 1–3 hours each) totalling 45 hours per week are provided at these clinics which are all closely associated with polyclinics at Addington, McCord Zulu, King Edward VIII and City Hospitals.

The Clinic Staff includes four Medical Officers (3 Male and one female) employed full-time on V.D. work. (Since the end of September 1950, the post of City Venereologist fell vacant with the retiral of Dr. G. D. H. Wallace. This vacancy was not filled during the remainder of the current year. By arrangement with the General Hospital Authority, duties of this post were performed by a Medical Officer attached to the Staff of Wentworth Hospital (V.D. Section). In addition, there are two part-time Medical Officers, one a specialist, working at Addington and Wentworth Clinics, and the other at McCord Zulu Hospital Clinic.

The Nursing and Health Assistants staffs include :—

At Wentworth Hospital :
1 European Male Nurse (full-time) attached to Special Clinic, Addington.
1 European Sister (part-time) attends Special Clinic, Addington, for female clinics.
1 European Staff Nurse (part-time) (Fever Trainee) attends Special Clinic, Addington, for female clinics.
1 European Male Orderly (part-time).
1 Coloured Female Orderly.

At Non-European Clinic, City Hospital, Congella :
4 Bantu Nurses.
3 Bantu Orderlies.
4 Bantu Clerks.
2 Bantu Laboratory Technical Assistants.
1 Bantu Clinical Assistant.

At King Edward VIII Hospital :
1 European Sister (full-time).
1 European Male Nurse (full-time).
5 Bantu Staff Nurses (full-time).
6 Bantu Male Orderlies (full-time).

At City Health Department :
1 European Health Visitor (full-time).
3 Bantu Health Assistants (full-time).
1 Indian Health Assistant (full-time).

Case-contacts are traced, whenever possible, by the European Health Visitors and the non-European Health Assistants, who also round up defaulters and try to induce them to complete their treatment.

Propaganda work is undertaken by the Health Education Section of the City Health Department.

The Municipal Ante-natal Clinics perform routine Wassermann Tests on all European and Coloured expectant mothers. This service has not yet developed as a routine at the Asiatic clinics, owing to excessive numbers attending. At the European Clinics—100% of those tested were negative, whilst at the Coloured Clinics 12½% were positive.

Routine Wassermann Tests were performed at the Ante-natal Clinics conducted in Addington, McCord Zulu and King Edward VIII Hospitals. All positive reactors are referred to the appropriate V.D. Clinic for further investigation and treatment.

The average number of attendances made by each case of Syphilis during the year is enumerated below. The figures are based on actual records of the Clinics quoted :—

	Males	Females
Addington Special Clinic (European and Coloured	9·00	19·60
Congella Special Clinic (Asiatic, Bantu and Coloured) ...	2·31	2·07

Comparable figures are not available from the McCord Zulu Hospital and Union Health controlled units (Health Centres, Hospitals and District Surgeoncies).

V.D. STATISTICS :

	EUROPEAN				COLOURED				NATIVE				ASIATIC				TOTAL				GRAND TOTAL
	City		Imported		City		Imported		City		Imported		City		Imported		City		Imported		
	M	F	M.	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
New Cases	333 (353)	98 (111)	198 (305)	5 (7)	273 (217)	219 (179)	16 (21)	45 (49)	5,202 (5,849)	2,066 (2,046)	2,133 (2,542)	1,221 (1,348)	565 (706)	151 (208)	90 (110)	28 (40)	6,373 (7,125)	2,534 (2,634)	2,437 (2,978)	1,299 (1,444)	12,643 (14,181)
Ward Admissions... ...	52 (57)	57 (51)	38 (52)	3 (2)	95 (94)	182 (138)	3 (9)	2 (6)	1,078 (874)	1,195 (953)	851 (858)	1,092 (1,172)	24 (7)	20 (16)	7 (5)	2 (1)	1,249 (1,039)	1,454 (1,127)	899 (921)	1,099 (1,179)	4,701 (4,266)
Out-patient Attendances	1,965 (2,384)	1,392 (1,396)	424 (632)	93 (46)	1,802 (1,410)	4,249 (2,804)	107 (62)	210 (133)	27,310 (28,248)	13,375 (12,934)	10,525 (10,604)	5,715 (6,221)	2,055 (2,049)	630 (650)	347 (201)	77 (109)	33,132 (33,833)	19,646 (17,587)	11,403 (11,499)	6,095 (6,509)	70,276 (69,428)
Clinics held	407 (347)								528 (531)												935 (878)

FOLLOW UP STATISTICS :—

The following table reflects the activities of the European Health Visitor and the Native and Asiatic Health Assistants in the following up of cases, defaulters, absconders and contacts.

	New Cases	Contacts Located	Defaulters Located	Absconders Located	Visits	Clinics Attended
Europeans	14 (37)	36 (46)	122 (109)	1 (1)	743 (661)	79 (48)
Coloureds	51 (66)	50 (57)	712 (405)	9 (4)	1,521 (999)	52 (48)
Natives	715 (1,004)	491 (571)	669 (767)	8 (4)	3,023 (4,436)	27 (53)
Asiatic	98 (134)	73 (102)	876 (1,011)	3 (5)	1,627 (1,651)	57 (59)
Total	878 (1,241)	650 (776)	2,379 (2,292)	21 (14)	6,914 (7,747)	215 (208)

V.D. STATISTICAL COMPARISONS 1946 TO 1951 :

	EUROPEAN				COLOURED				NATIVE				ASIATIC				TOTAL				GRAND TOTAL
	City		Imported		City		Imported		City		Imported		City		Imported		City		Imported		
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
New Cases :																					
1946...	302	85	316	109	150	86	186	114	5,527	1,971	1,758	1,017	242	232	36	34	6,221	2,374	2,296	1,274	12,165
1947...	420	116	740	5	154	108	130	23	6,590	2,205	2,274	1,198	457	278	37	39	7,621	2,707	3,181	1,265	14,774
1948...	434	86	579	7	166	88	59	43	6,234	2,026	2.800	1,363	637	194	187	43	7,471	2,394	3,625	1,456	14,946
1949...	367	74	415	7	140	107	31	46	5,890	2,027	3,307	1,681	686	190	167	32	7,083	2,398	3,920	1,766	15,167
1950...	353	111	305	7	217	179	21	49	5,849	2,046	2,542	1,348	706	208	110	40	7,125	2,634	2,978	1,444	14,181
1951...	333	98	198	5	273	219	16	45	5,202	2,066	2,133	1,221	565	151	90	28	6,373	2,524	2,427	1,299	12,623
Ward Admissions :																					
1946...	20	—	94	—	68	—	54	—	1,750	732	1,259	779	255	231	84	94	2,005	1,051	1,343	1,021	5,420
1947...	80	—	243	—	68	—	180	—	1,409	1,042	1,230	1,157	420	287	96	99	1,977	1,329	1,749	1,256	6,311
1948...	98	3	167	—	73	24	18	6	1,397	983	1,156	1,276	34	21	15	2	1,602	1,031	1,356	1,284	5,273
1949...	93	7	121	—	54	21	12	5	1,079	964	937	1,171	17	11	9	4	1,243	1,003	1,079	1,180	4,505
1950...	57	51	52	2	94	138	9	6	874	935	858	1,172	7	16	5	1	1,039	1,127	921	1,179	4,266
1951...	52	57	38	3	95	182	3	2	1,078	1,195	851	1,092	24	20	7	2	1,249	1,454	934	1,093	4,730
Outpatient Attendances :																					
1946...	2,627	2,148	648	485	2,212	1,464	328	258	22,786	13,241	4,304	3,628	2,375	1,707	56	49	34,500	18,560	5,336	4,520	62,916
1947...	3,004	1,467	1,561	54	1,694	3,030	522	825	30,301	13,307	10,531	6,448	2,715	2,239	177	133	37,714	20,043	12,791	7,460	78,006
1948...	3,243	1,305	1,449	20	1,797	2,956	210	520	28,565	11,954	10,787	6,214	2,192	757	425	103	35,797	16,972	12,871	6,857	72,497
1949...	2,384	1,142	1,277	69	1,534	2,611	111	507	27,175	10,272	9,618	5,635	1,863	569	239	57	32,956	14,594	11,254	6,286	65,063
1950...	2,133	1,396	632	46	1,410	2,804	62	133	28,248	12,934	10,604	6,221	2,049	650	201	109	33,833	17,587	11,499	6,509	69,428
1951...	1,965	1,392	424	93	1,802	4,249	107	210	27,310	13,375	10,525	5,715	2,055	630	347	77	33,132	19,646	11,403	6,095	70,276

5. PLAGUE AND RODENT CONTROL

(See report under Section 14 (ii) Field Hygiene.)

6. OTHER COMMUNICABLE OR PREVENTABLE DISEASES

Gastro-Enteritis.—There was a significant increase in the number of deaths from Gastro-Enteritis amongst Bantu children under the age of two years, particularly noticeable during the summer months in the Cato Manor area. As a result, the City Council took steps to intensify its preventive measures in that area including the establishment of a non-European Health Clinic for the district. A small but serious outbreak of Gastro-Enteritis occurred in an infants' home. During the month of January it became evident from the Registrar of Births and Deaths returns that the mortality from Gastro-Enteritis amongst Bantu children under the age of two years in the Cato Manor District was unusually high. A survey carried out by a team of Health Visitors confirmed that, whilst the disease was fairly prevalent amongst Bantu Children in this above age-group it was specially rife in the Booth Road and adjacent shack areas. Returns from King Edward VIII Hospital disclosed that a considerable proportion of patients with this disease were suffering from malnutrition with concomitant Gastro-Enteritis and that often the latter was merely the terminal phase of the former.

To cope with the situation, it was necessary temporarily to second staff comprising Health Visitors, Health Inspectors, General Assistants and Native personnel from other duties. Whilst this was not done without curtailment of normal activities, the "crisis" was safely passed and, following upon the engagement of additional European and Native staff by the City Council the augmented health services in the Cato Manor shack settlement commenced to function on a routine basis. Emergency measures were undertaken to deal with the situation in the stricken area which comprises the largest aggregation of shack dwellings in the City. Included in these was the establishment of a Child Health Clinic, with daily sessions, in the disused cow barn at the former Salvation Army Social Farm abutting the Bellair–Cato Manor Road.

The Clinic was opened on the 30th January 1951. The response from the local Bantu residents was immediate and gratifying, but it soon became evident that there was an even more urgent need for a District Out-patient Clinic where clinical cases of all descriptions could be examined and treated. Following representations to the Provincial Administration, an Out-patient Clinic was opened shortly afterwards in an outbuilding at the Farm. The Clinic was staffed and administered by the King Edward VIII Hospital. It is noteworthy that, although the two Clinics carry out separate functions and are separately administered their services dove-tailed to such an extent that they appeared to function as two branches of a single unit proving that the integration of preventive and curative medical services ensures efficiency and economy in operating both types of service. This combined type of clinic could be established with advantage in other districts of the City.

Prior to the opening of the Cato Manor Clinic, Bantu mothers and their infants from the shack settlements attended bi-weekly sessions at the Brook Street Clinic which was three miles distant from their homes. Due to staff shortage, home visiting in the area was limited to one afternoon a week. Residents of the neighbouring Chesterville Location, however, were more fortunate in having Clinic facilities available within the Location. As a complementary service to the new Cato Manor Child Health Clinic, home visiting was increased in the area. Parents were instructed in the general health measures necessary to protect their children from Gastro-Enteritis and in the precautions to be taken during the incipient stages of the disease. Later, as the staff position improved, one European Health Visitor and two Bantu Nurses were appointed for full-time duty in the area. Home visiting is now undertaken as a daily routine. Briefly, the work of this staff consists of shack-to-shack visits, health talks to groups of mothers on the spot, examination of infants and toddlers and encouragement to attend regularly at the Clinic. This preventive and promotive service carried out in the very homes of the shack dwellers is deeply appreciated by them and is undoubtedly productive of much good.

The subjoined table reflects attendances at the Cato Manor Clinic from its commencement. The service for Asiatics commenced on 19th February and Asiatic attendances are included :—

Date	Attendance at City Health Clinic		Cases referred by City Health Clinic to Provincial Clinic		Attendances at Provincial Clinic		Dressings
	N.	A.	N.	A.	N.	A.	
February, 1951 ...	1,760	7	184	—	741	—	411
March, 1951 ...	1,486	6	760	—	1,435	—	618
April, 1951	1,909	25	1,256	20	1,998	72	768
May, 1951	1,906	108	1,222	29	1,855	252	1,128
June, 1951	1,432	115	889	25	1,042	143	704

The Health Education Sections contribution to the intensified programme was as follows :—

Two Bantu Health Assistants seconded for full-time duty visited all dwellings on a block-to-block basis and conveyed information on personal hygiene, pest control and precautions against the "filth" diseases. A weekly film programme was arranged. A room in the Clinic Building being allocated for the showing of films every Friday morning.

Bantu mothers and children have displayed great interest in this feature and the regularly packed "houses" are an indication of its popularity. Despite the technical nature of the films exhibited under such titles as "Typhoid Mary," "Transmission of Disease" and "Prevent Disease," many Bantu return time and again, and there is no doubt that this method of health education is not only effective but also much appreciated by the residents. Much of the success of this venture must be attributed to the Department's Bantu Health Lecturer who, during the showing of a film, gives a graphic explanation and description of the film theme by means of a running commentary and, in his own inimitable manner, drives the lessons home. It is interesting to note that many members of these audiences had not previously seen a film show. In concert with the abovementioned activities, certain measures were carried out by the Health Inspectional Section. These included augmentation of the Inspectional Staff for the area and intensification of the Fly Control programme.

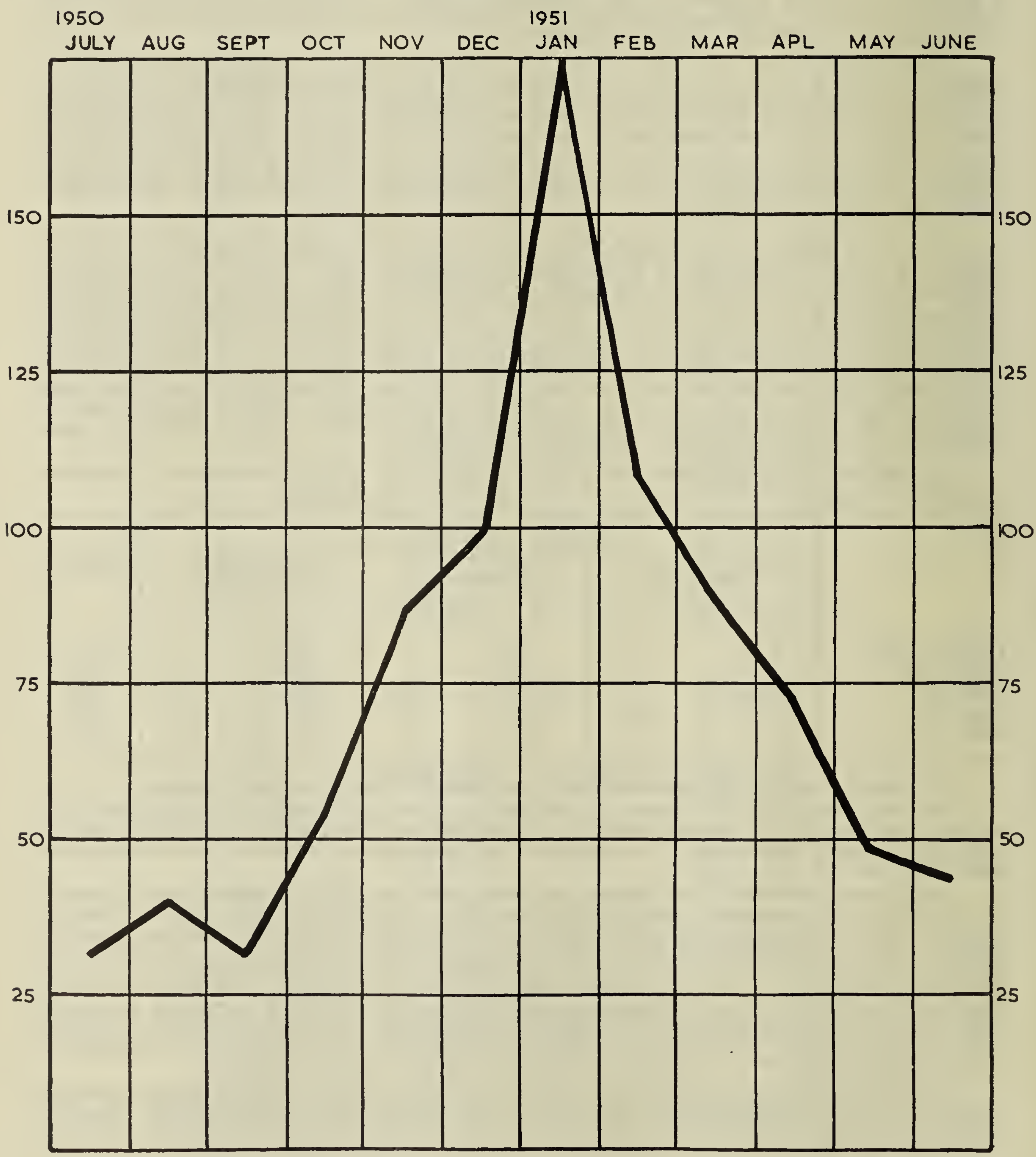
On the 29th January, 1951, two special squads of the Field Hygiene Section commenced spraying operations with D.D.T. Within a short space of time, every shack and pit latrine in the area had been covered. Thereafter, operations were confined to badly fouled areas and to the properties of those owners who had failed to comply with the Department's notices for an abatement of fly nuisances. In these cases, the cost of the work has been charged to the owners.

The section collaborated with the City and Water Engineer's Department with the object of installing further water supply points in the area. A fly-spraying squad comprising one European General Assistant in charge and ten Native Labourers was allocated for work in the area throughout the year.

Statutory notices were served on any owner found to be infringing the Health By-laws. By the end of June, 554 notices had been issued, 26 prosecutions either completed or initiated and £472 in fines imposed.

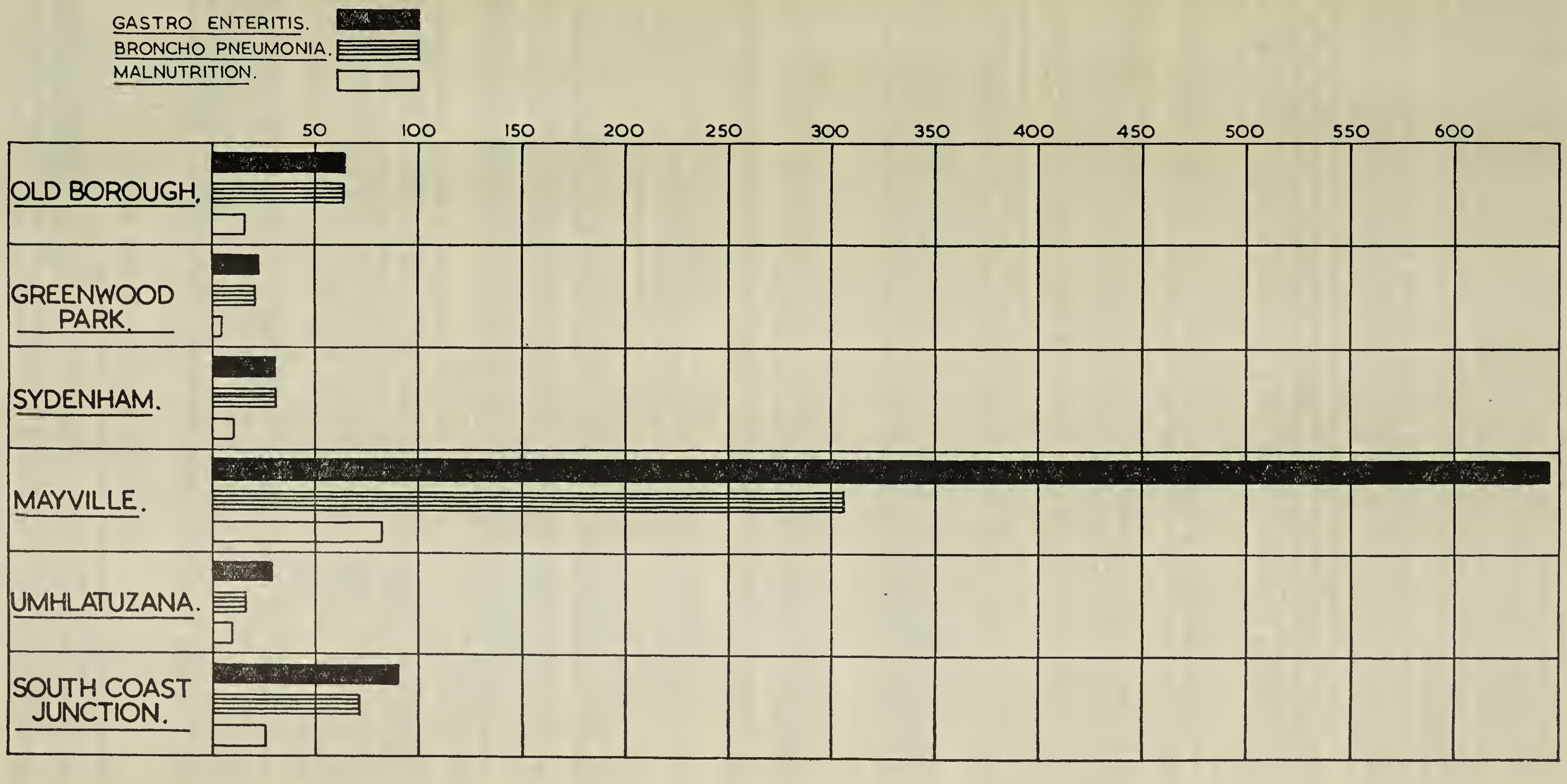
Apart from carrying out repairs and renovations to the Clinic and outbuildings, the City and Water Engineer's Department installed several deep-pit latrines to serve as public conveniences in the heavily congested areas, organised a service for the filling in of foul and offensive latrines and for the excavation of new units in replacement. In view of the likelihood that the new pits would become offensive in time and that their periodic renewal would involve the City Council in heavy recurrent expenditure, this service was soon discontinued and measures taken to place the responsibility for the proper upkeep of privies on the land-owners concerned.

The Municipal Native Administration Department introduced a subsidised milk scheme for dwellers in the area, which has proved a most valuable health promotive measure. One room in the Clinic was allocated for the purpose. That Department also initiated a social welfare service for the area with its headquarters alongside the Clinic.


NATIVE DEATHS FROM GASTRO ENTERITIS.

MONTHLY TOTALS.

NATIVE DEATHS FROM GASTRO ENTERITIS, BRONCHO PNEUMONIA & MALNUTRITION—JULY 1950 TO JUNE 1951.



Food Poisoning.—As in previous years, a number of outbreaks suspected to be food poisoning were noted and promptly investigated. Only in few cases were more than one or two persons involved and no instance was of sufficient extent or severity to merit special mention. With its sub-tropical climate and its recruitment of food handlers from the primitive elements in the population, Durban must obviously experience many more cases of food poisoning than are actually reported. So far, no legal obligation has rested upon anybody to notify cases of food poisoning. However, this Department has persisted in its efforts to remedy the deficiency and there is good reason to believe that outbreaks of food poisoning (or suspected food poisoning) involving two or more residents in hotels, boarding houses, etc., within the City limits, will shortly be added to the list of compulsorily notifiable diseases.

In anticipation of the additional work which will inevitably follow the increase in notifications, a standardised questionaire for completion during each investigation has been devised and issued to the staffs concerned. This form has now been in use for six months and, in addition to increasing efficiency, it substantially reduces both the amount of clerical work involved and the time spent upon each investigation.

In order to facilitate field investigations in regard to outbreaks of food poisoning, the City Council requested the Minister of Health to declare food poisoning to be a notifiable disease within the Municipal Area of Durban, where two or more persons being resident in or boarding at any hotel, boarding house or hostel, or any premises, other than a private dwelling, where persons are lodged or boarded, are suspected to be suffering from poisoning due to ingestion of food or drink. It is hoped that the Minister of Health will accede to the request at an early date.

6 (i) GENERAL

Hospital Admissions.—European City cases admitted to the Wentworth Hospital numbered 565, as against 598 last year. Native and Asiatic cases admitted to King Edward Hospital were 963.

Hospitalisation Costs.—The year has been marked by a considerable increase in hospitalisation costs for the treatment of Infectious Diseases cases and the trend seems to be in the direction of still higher costs. The continued rise in hospital tariffs, which had not been anticipated when the Annual Estimates of Expenditure were compiled, confronted the City Council with yet another additional financial problem.

Transfer of City Fever Hospital to Natal Provincial Administration.—It is expected that the transfer of the City Fever Hospital assets to the Natal Provincial Administration will be finally completed at an early date.

Amoebic Dysentery.—Finality has not yet been reached with the Natal Provincial Administration respecting the costs for hospitalisation of Amoebic Dysentery cases during the period when the disease was notifiable.

Typhoid Outbreak : Umhlatuzana Valley.—Consequent upon the discovery of a number of Typhoid cases from the Umhlatuzana Valley, adjacent to the City Boundary associated with grossly insanitary conditions obtaining amongst the non-European dwellings in the area, the City Council made representations to the Provincial and Government Authorities, with the result that the whole of the Umhlatuzana Valley from the Durban Boundary to the vicinity of Mariannhill has been brought under the control of the Natal Local Health Commission.

7. WATER SUPPLY

Bacteriological.—The normally high standards of purity were maintained throughout the year. Four samples per week were taken from various points in the City and submitted to the Government Laboratory for the defferential Coliform count. The results were consistently good.

Chemical.—The following is an average of the chemical analyses that has obtained over the year (expressed in parts of 100,000) :—

Total solids	8·640	Albuminoid Ammonia	0·007
Loss on ignition...	1·640	Total hardness	2·860
Chlorine	2·490	Permanent hardness	1·430
Nitrates...	0·016	Iron	Trace
Nitrites...	Nil	Poisonous metal	Nil
Saline Ammonia...	0·004		

Fluorides in Water.—Over a number of years the high incidence of dental caries in the City and the large number of persons edentulous before middle age has been noted by this Department with concern.

The relatively high cost of prolonged vitamin and calcium administration together with the belief that some further dietary supplement was necessary for adequate dental development has, in the past, made it difficult for health authorities to take positive action.

With the comparatively recent discovery that Fluorine, necessary for hardening of dental enamel, appears to be the missing factor, interest has been focussed upon the possibility of providing this chemical to rich and poor alike, through the medium of City water supplies.

In Newburgh, Wisconsin, and other cities of the United States of America, Sodium Fluoride has been added to water supplies at low cost. Even cheaper (and perhaps equally efficacious) is Sodium Silico Fluoride, a by-product of the phosphate fertiliser industry. Based upon reputed costs in the United States, a rough estimate of the cost of local fluorination would possibly be under 1d. per person per annum. Accordingly, the City and Water Engineer was approached and stated that past experiments had established total absence of fluorine from City water supplies. He added that current experiments in the U.S.A. would, however, not be completed until 1953 and only after that date would final conclusions be possible. Further, he stressed the need for caution in fluorination and expressed the opinion that addition of this chemical to Durban water supplies would be inadvisable.

In consequence, the views of the City and Water Engineer and of the City Medical Officer of Health were referred to the Secretary for Health, on 21st December, 1950, in order to obtain his comments thereon. In a reply dated 15th February, 1951, the Secretary for Health advised that he felt unable to recommend fluorination under existing conditions as the results of American and Canadian experiments would not eventuate for some time. He did not favour topical application of fluorine in solid form or incorporated in dentifrices. In consequence, the matter is being left in abeyance pending the publication of authoritative results from overseas experiments when, if warranted, it will be re-opened.

8. NIGHTSOIL, SLOP WATER AND REFUSE

Cleansing Section (By courtesy of the City and Water Engineer)

Cemeteries.—The Municipal cemeteries were properly conducted and maintained. Private cemeteries were regularly inspected and were generally found to be well conducted and maintained in good order.

Interments.—There were 8,165 burials in the Municipal cemeteries and 892 in private cemeteries, totalling 9,057 as against 7,558 and 673 respectively in the previous year.

Cremations.—Cremations during the year totalled 664, of these 539 were European and 105 Asiatic, the previous year being 519 and 124 respectively.

Free Burials.—During the year, there were 7 European free burials, 8 Coloured, 311 Native, 6 Asiatic and 10 unclassified, totalling 342 as against 296 for the previous year.

Conservancy.—The number of pails in use during the year was 14,258—an increase of 240 over the previous year.

Refuse Removal and Disposal.—The quantity of refuse removed during the year decreased slightly and a total of 259,453 cubic yards was removed, as against 262,482 for the previous year. The disposal was carried out as in previous years, a small proportion by incineration at the Point Destructor, and the remainder by tipping on low-lying and swampy areas. Harris Park and Randles Road Tips continue to receive the greater proportion of the City's domestic refuse, and Springfield Tip, all trade refuse. Owing to the improved methods of control, few complaints of fly breeding were received during the course of the year.

Street Cleaning.—This service was carried out regularly and without interruption.

Street Washing.—The washing, at night, of streets and pavements in the central areas of the City continues regularly. The results, both from the health and general cleanliness point of view are found to be so beneficial that the employment of the full-time gang of ten Natives under the supervision of a European ganger is completely justified.

Dead Animals.—644 dead animals were removed and disposed of during the year.

Public Conveniences.—Public conveniences in the City, including those in public parks, but excluding those on Government property, are still 60 European and 60 non-European, there being no new conveniences built during the year.

9. MEAT SUPPLIES

System of Slaughtering.—At the Municipal Abattoir, the methods used are governed by the Humane Slaughter of Animals Act. Bovines are stunned by means of humane killers of the captive bolt type. Animals for Kosher and Mohammedan consumption are slaughtered by means of throat-cutting in accordance with the religious scruples of these sections of the community. In all cases, races and stunning or casting pens of approved types are used. Pigs are slaughtered by means of electrically operated stunners. Owing to the objections raised by the Asiatic section of the community to stunning, all sheep and goats are slaughtered by the throat-cutting method.

Slaughterhouses.—Two slaughterhouses are situated in Durban—(i) the Municipal Abattoir, operated by the local authority, and (ii) the Federated S.A. Meat Industries Ltd., Maydon Wharf, where meat inspection falls under the jurisdiction of the Government. This abattoir is only operated during the glut season which occurs during the summer months. Any carcases intended for local consumption are brought to the Municipal Abattoir for inspection and stamping.

Disposal of Waste Products.—Condemned meat and offal, and the blood of slaughtered animals, are converted into valuable farm foods of which there is a national shortage, and tallow, which is sold to soap manufacturers. Pigs' bristles are collected and sold by contract, and a firm of manufacturing chemists collects glands, spinal cords, pigs and calves stomachs, ox gall, etc., for the production of pharmaceutical preparations. An arrangement has also been entered into whereby this firm is supplied with the sound tissue of livers affected with Distomiasis.

Butcher Shops.—The City Health Department exercises supervision of these premises throughout Durban. All meat exposed for sale must have been inspected, passed and stamped at the Municipal Abattoir. Actual distribution of the meat to the butchers at the Abattoir is carried out by the Livestock and Meat Industries Control Board.

Condemned Meat.—Actual quantities are reflected in the attached return. An efficient by-product plant is operated in accordance with the provisions of Government Notice 2118 of 1924, whereby all condemned meat is satisfactorily treated.

Improvements During Year.—No major improvements were undertaken during the year. The City Council has, however, authorised considerable alterations and extensions to the by-product plant which will shortly be placed in hand. Other major improvements are contemplated when the financial position improves.

Uninspected Meat Entering Local Authority Area.—The Livestock and Meat Industries Control Board is in complete control of the movement of meat into Durban which is classified as a controlled area. Meat brought into this Abattoir from other centres has already been inspected at those points, but is always re-inspected by the Abattoir staff, before release. Occasional cases of illegal slaughter are detected by the City Health Inspectors, or the S.A. Police, and charges laid.

The Livestock and Meat Industries Control Board also has inspectors who detect occasional cases of illegal importation of meat into the controlled area ; in these cases the Board takes action.

The number of animals slaughtered and condemnations during the year was as under :—

	Bovines	Swine	Sheep & Goats
Slaughtered	63,149 (67,038)	67,418 (75,384)	140,961 (26,148)
Whole carcases condemned	1,268 (1,959)	2,611 (3,421)	275 (62)
Portions of carcases in lb. weight condemned ...	496,329 (510,639)	49,243 (70,590)	147,409 (46,317)

10. MILK CONTROL

Dairies and Milk.

Total number of Dairy Inspections	2,716
Written notices with instructions to remedy certain defects	300
Personal notices to remedy minor defects	365
Notices to producers	437
Chemical Tests	237
Bacterial Tests (B.Coli & Plate)...	137
Breed smear counts	8,080
Sediment Disc Tests (visible dirt)	3,036
Phosphatase Tests	612
Biological Tests (T.B.)	104
Ex-City Dairy Inspections	76
Dairy personnel inoculated and Vi-tested	1,230
Dairy personnel Positive Vi-tests	5

Nature of Supplies.—The daily consumption of milk is approximately 27,000 gallons of which 26,300 gallons or 97·4% is pasteurised. Raw milk is produced by nine local producers/distributors and milk for pasteurisation is produced by some 1,200 farm producers situated throughout Natal and East Griqualand.

System of Supervision and Control.—This is carried out by a Veterinary Officer and two Dairy Inspectors. All dairies and milk depots are inspected in relation to health of dairy herd, general hygiene and building construction. In addition, statutory surveillance on chemical and bacterial standards of the City's milk supply is maintained with the addition of two lady technicians in the Department's milk laboratory. Furthermore, technical advice and demonstrations are given to dairymen and milk dealers on all relevant aspects of milk production.

Registration and Inspection.—All producer/distributors and distributors are licensed and registered. Up-country producers of milk intended for pasteurisation are now being registered without prejudice under the new By-laws. This has been done so as to avoid reducing the quantity of milk entering the City, as not many farms at present supplying Durban would measure up to the full gamut of by-law standards. A programme of inspection of up-country depots has been organised with the object of ensuring that milk is collected and cooled at properly equipped depots. These depots will be required to comply with City by-laws as soon as possible.

In the case of primary producers a long term policy must be adopted. Poor quality and dirty milk supplied to depots can be detected by means of tests conducted either at the depot or on the producing farm. Some of these "sub-standard" farms have already been visited by City Health Inspectors. The worst offenders are being selected for corrective action. This policy has been followed as it was felt that owing to staff shortages and the great distance involved it would be impossible to visit every individual farmer.

Distribution.—Milk is dispatched to City depots by road and rail in cans and also by road in stainless steel tankers, which are filled at up-country balancing stations. In the City, milk is distributed from eight pasteurising depots and nine raw milk producer/distributors' premises.

Milk Laboratory.—Samples of milk regularly collected by Dairy Inspectors and Health Assistants are examined in this laboratory by two lady technicians under the supervision of the Veterinary Officer.

TESTING PROGRAMME :

(a) **Producer Milk.**—Because of the bearing which the quality of this milk has on the final pasteurised product, weekly samples in rotation are taken as follows :—

(i) VISIBLE DIRT :

No. of Samples tested	Clean	Fair	Dirty	Very Dirty
3,036	117	1,144	1,290	485

(ii) BACTERIAL COUNT.—Using a dividing line of 1,000,000 organisms per c.c. to distinguish between good and bad samples, 8,080 samples were tested (Breed Smear Count). The failure percentage over the past there years is as follows :—

Season	1948/1949	1949/1950	1950/1951
Summer	54%	54%	49%
Winter	23%	23%	44%

The figures for 1950/1951 reflect the additional tests taken at up-country Balancing Stations.

(iii) MASTITIS INFECTION.—Samples were examined for chronic Streptococcic Mastitis. Over the last three years the incidence of positive samples was as follows :—

Year	1948/1949	1949/1950	1950/1951
Incidence	20%	19%	15%

The steady improvement is no doubt due to advice and information supplied by this Department complemented by better methods of treatment with penicillin and other drugs.

(b) **Consumer Milk.**—Samples from every local depot and producer/distributor were obtained and examined once weekly with the following results :—

Pasteurising Efficiency.—This was ascertained, by means of the rapid Siharem Phosphatase test, to be as follows :—

Year	Samples Tested	Passed	Failed
1950/1951	612	589	23 (3·2%)
1949/1950	536	519	17 (3%)
1948/1949	517	496	21 (4%)

Dairy Inspectors inspect milk plants giving unsatisfactory samples in order to detect and remedy faults.

Mastitis Infection.—Weekly samples from raw-milk producer/distributors and producers supplying to City pasteurising depots are regularly examined for chronic "streptococci mastitis" contamination.

Bacterial Content.—By means of the presumptive coli test and the Plate count, samples of raw and pasteurised milk were examined weekly in rotation so that each supplier is examined once in about every four weeks. Any plates showing positive results are inspected and by means of further tests, faults are discovered and remedied.

Of 137 samples—93 failed the B.Coli test and 88 failed the plate count. A further 34 tests were carried out in this laboratory to remedy these faults.

Keeping Quality.—By means of the Methylene Blue test, samples of raw and pasteurised milk were examined weekly from street carts delivering milk.

917 tests taken—186 failed, i.e. 20%.

Chemical Composition.—All distributed supplies are sampled in rotation about every fourth week and of 237 samples taken 10 failed to comply with the standard. Prosecutions follow failure to comply.

Biological Tuberculosis Test.—Every week two raw milk samples are subjected to this test. One sample was found positive in a total of 104 samples.

Milk in Relation to Infectious Diseases.

(1) ANIMAL HEALTH :

Tuberculosis.—Regular clinical examinations of all cows in the producer/distributor herds aims at detecting clinical cases. A total of 104 samples were examined biologically of which one was positive. This milk was pasteurised until all reactors had been eliminated by means of the Tuberculin Test.

Brucellosis.—Investigation into the incidence of this disease in the local and up-country herds was commenced by means of the Ring Test. Further investigation is in progress.

Anthrax.—On 30th March, 1951, Anthrax broke out among cattle of a local dairy herd. Undiagnosed at first, the initial report thereof reached this Department on 4th April, 1951, by which time, three cows had died of the disease. Immediate investigation disclosed a suspicious case among horses in a stable nearby and, in consequence, both dairy and stable were placed under strict quarantine until all risk of spread to man or to animal had subsided. The more important precautions taken by this Department included the following :—

(a) Prohibition of milk supply from the dairy ;

(b) Daily medical examination of all human contacts of the affected animals for early signs of anthrax ;

(c) Insistence upon adequate protective measures for all personnel working in the affected premises ;

(d) Instruction of all concerned in measures to prevent spread to animals or to themselves ;

(e) Enforcement of all practicable precautions in the disposal of affected carcases, discharges and excreta ; and

(f) Close liaison with Veterinary authorities engaged in treatment and immunisation of the animals.

Together with all other necessary measures, the aforesaid precautions were maintained until risk of spread had subsided.

Despite every effort by Veterinary officials, twelve of the original herd of 57 cattle died during the epidemic. Fortunately, no cases ensued among human beings. To avoid future danger to health arising from the remarkable resistance and persistence of anthrax spores, consultations were held between senior medical officers of this Department, the Chief Veterinary Medical Officer of the Corporation and the State Veterinarian. In consequence, rigorous precautions (including thorough disinfection of premises and sterilisation of equipment and clothing) were required of the dairy prior to its resumption of business.

(2) PERSONAL HEALTH—DAIRY EMPLOYEES :

Throughout the year a regular check has been maintained to ensure a high standard of cleanliness of personal clothing and quarters of all milk-handlers. When necessary, notices have been served and prosecutions instituted. The routine spraying of Native quarters with D.D.T. and B.H.C. insecticides has, to a large extent, solved the problem of bed bug infestation.

(3) CLEANLINESS OF EQUIPMENT AND VEHICLES :

All local dairies and depots are using steam and chemical detergents to maintain plant and equipment in a thoroughly clean condition. Reports and results of milk samples supplied by the Departmental laboratory have greatly facilitated the dairy inspectional staff in this connection. The difficulty in obtaining equipment from overseas is handicapping certain local depots in their endeavours to improve the quality of milk supplied to the public.

Pirate Milk.—This form of milk selling is now definitely on the wane. No instances were detected during the year.

Cow Keeping.—Cow keeping is permitted within the borough only under permit from the City Medical Officer of Health ; Section 101–106 of the Public Health By-laws make provision for :—(1) Registration of Cow Keepers ; (2) Restricting number of cattle kept under certain circumstances ; (3) Necessary stabling, building, drainage, etc.; (4) Manure disposal and anti-fly measures (composting and D.D.T. spraying) ; and (5) Suitability of locality to cow keeping with reference to residential properties in area.

Chemical Analysis.—In pursuance of arrangements made by the Secretary for Health, the Department commenced sending samples of milk to the Government Laboratory, Johannesburg, for the purpose of chemical analysis. The Department of Health has agreed to 300 samples being examined at the Government Laboratory annually, free of charge, and the new procedure is working very satisfactorily. One result of the arrangement has been to enable the City Council to increase the amount of food sampling which it is authorised to carry out in terms of the Food, Drugs and Disinfectants Act.

11. OTHER FOOD SUPPLIES

Promulgation of new Food By-laws, effective as from 14th January, 1951, coincided with the commencement of an extended programme of improvement in the storage, handling and display of foodstuffs on food-premises throughout the City.

Highlights of the programme are as follows :—

(a) adequate refrigeration of all perishable foodstuffs (at a temperature below 5°C.) ;

(b) protection of all foodstuffs liable to contamination from exposure to buccal spray, dust and flies ; avoidance of careless handling, storage and display ;

(c) provision by Managements of adequate facilities for the personal hygiene of staffs, for the hygienic handling and serving of foodstuffs and for the protection of all food stored or exposed for sale ;

(d) increased efficiency in the use of hot water and detergents in the cleansing and sterilisation of crockery, utensils and other equipment ;

(e) an attempt to gain the interest and co-operation of both employer and employee in raising standards of personal and food hygiene (see also section dealing with Public Health Education) ;

(f) improved methods of food handling by waiters generally and staffs catering for holiday makers on the beaches.

Although prosecutions have, in some instances been necessary on account of persistent non co-operation, main emphasis has been placed upon exposition of the requirements of the new legislation and upon the stimulation of employers and employees to take pride in their product and the manner of distribution. Results have generally been gratifying although a vast amount of work remains to be done in order to cover all European and non-European establishments, both large and small. The method of conveyance of food by waiters to holiday-makers on local bathing beaches has already undergone marked improvement in recent months. Firms concerned are presently investigating the relative merits of various portable containers which are easy to keep clean and which afford complete protection of food. It is expected that further improvements will soon become evident, thanks to the pressure which can be exerted under the new By-laws.

At the beginning of the year, several "cafes-de-move-on" were still in existence. As a result of action taken by this Department, only one cafe-de-move-on remains in operation. In this instance, the grant of licence is personal to the holder, i.e. the business cannot be disposed of to any other person.

Various improvements have been effected at the Early Morning Market, including the provision of new traders' stands and washing troughs at a cost of £8,230. Expenditure estimated for the coming year includes a sum of £500 for additional traders' stands whilst £10,000 has already been allocated for the extension of " farmers' stands."

Close and satisfactory liaison has been maintained between this Department and the Factory Inspectors of the Union Department of Labour in connection with the licensing and improvement of health conditions in factories. The requirements laid down in the Food By-laws are very similar to those stipulated in the Factories, Machinery and Building Work Act.

The result of pressure on baking establishments has been that the larger firms have modernised their premises and plant whilst the smaller type of firms have amalgamated. Several new premises are in the course of construction.

During the year, 52 samples of water were submitted for chemical analysis and 208 samples for bacterial tests. In all cases, the results were satisfactory.

370 samples of foodstuffs taken under the Food, Drugs and Disinfectants Act No. 13 of 1929 were taken, with results set out hereunder :—

SAMPLES OF FOODSTUFFS TAKEN (FOOD, DRUGS AND DISINFECTANTS ACT No. 13 OF 1929)

Article	No. of Samples taken			Action taken
	Total	Genuine	Deficient	
Milk	246	238	8	Prosecuted and fined £15, £15, £15, £5, £5, £5, £10, £12 10 0d.
Ice Cream	64	62	2	Warned.
Sausages	57	55	2	Prosecuted and fined £5, £5.
Honey	1	1	—	
Ground Ginger	1	1	—	
Cream	1	1	—	
	370	358	12	

CONDEMNATIONS—CITY MARKET :—

Apricots, trays	39
Beetroot, pockets	1
Beans, pockets	154
Butter, lb.	1
Cabbage, bags	7
Cream Cheese, cartons	9
Cucumbers, pockets	14
Cauliflower, bags	24
Cream, packets	36
Carrots, bags...	30
Dressed Fowls	340
Dressed Ducks	38
Eggs, dozen	32
Guineafowl	34
Hares	18
Lemons, pockets	1
Mushrooms, lots	23
Onions, bags...	1
Pigeons	54
Pears, boxes	2
Peaches, cases	2
Peas, pockets...	146
Partridges	2
Peaches, trays	13
Plums, half lugs	54
Plums, trays	45
Rabbits	4
Sausages, lb.	34
Sweet Potatoes, bag	1
Tomatoes, trays	2
Turkeys, dressed	4
Venison, lb.	1,050

SURRENDERED FOR EXAMINATION AND CONDEMNED AS UNSOUND :—

Baby Food, tins	1,075
Betel Nuts, lb.	436
Butter, lb.	5
Baked Beans, tins	7
Breakfast Foods, packets	3
Baking Powder, tins	9
Cake, tins	16
Cake Mix, packets	2,016
Curry Powder, tins	453
Chocolate, lb.	14
Chocolate, bars	98
Confectionery, jars	513
Chutney, jars...	34
Cocktail Juice, tins	16
Dressed Fowls	42
Fishpaste, tins	71
Fish, tins	674
Fish, lb....	5,000
Fruit, tins	1,043
Fruit, jars	105
Fruit, Dried, lb.	2
Ham, tins	75
Instant Postum, tins	20
Jam, tins	488
Jellies, packets	7
Konfyt, jars	55
Lemons, pockets	134
Mayonnaise, tins	13
Mealie Rice, lb.	100
Mealie Meal, lb.	105
Meal, various tins	258
Mincemeat, jars	53
Milk Foods, cartons	912
Milk Concentrates, bottles...	1,164
Mustard, tins	58
Milk, Condensed, tins...	6
Milo, tins	2
Molasses, tins	46
Olives, bottles	240
Oranges, pockets	808
Pickles, jars	319
Pickled Cucumbers, 4-gal. tins	10
Puddings, tins	9
Samp, lb.	90
Sandwich Spread, jars...	36
Sauce, bottles	96
Soup, tins	693
Spaghetti, tins	14
Sugar, lb.	200
Vegetables, tins	392
Vitone, tins	24
Vermicelli, cartons	34
Walnuts, bags	4

12. FAMILY HEALTH SERVICE

Registration of Births.—There was an increase of 319 in the total number of registered births. The increase has occurred among the Native and Coloured races. Comparison with last year's registration is as follows :—

	1949/1950	1950/1951		
European	2,644	2,583	Decrease	61
Coloured	657	733	Increase	76
Asiatic	5,689	5,135	Decrease	554
Native	3,021	3,969	Increase	948

Infantile Mortality.—The Infantile Mortality rate among Europeans has been approximately the same this year but a definite increase in all non-European rates was noted. Prematurity and congenital abnormalities were responsible for 75% of the infant deaths among Europeans, while among the non-Europeans, gastro-enteritis accounted for 41% of Native infant deaths, 39% of Coloured and 24% of Asiatic. Broncho-pneumonia was the killer of approximately 23% of non-European infants.

A serious outbreak of gastro-enteritis was responsible for a large number of Bantu infant deaths in the Cato Manor area. It was found that, in most cases, malnutrition was a precursor of the condition.

Maternal Mortality.—No Coloured death due to childbirth has been recorded in Durban for three consecutive years. European and Native maternal mortality rates were somewhat lower than last year.

Ophthalmia Neonatorum.—The number of European cases notified has decreased considerably, but the incidence in Natives was higher. The majority of cases notified received treatment at the Child Health Clinics.

Child Health Clinics.—These activities have progressed under the utmost difficulties. At no time during the year under review has there been a full complement of personnel. As a result of this invidious position home-visiting has had to be curtailed considerably in order to equip the clinics with adequate staff. Although sessional clinic services receive a Union Government subsidy, home-visiting—a most essential element in child health services—does not, as yet, qualify for any such financial support. A clinical Medical Officer resigned in November leaving no doctor available for the particular clinics she supervised. A part-time locum was appointed in June pending a full-time appointment. Normally, a doctor should be available at all clinics. Cases referred from the outer area clinics are seen by a doctor at the Central Gale Street Clinic once weekly.

Total clinic attendances were considerably less this year, although Coloured and Asiatic attendances were higher. There were more preliminary home visits made but re-visits have of necessity been reduced and the drop in clinic attendances is attributed largely to this factor and also to the fact that Addington Hospital has established a Mother and Baby clinic for Europeans, to which cases confined in hospital are referred. All infants attending the Child Health Clinics are vaccinated against Smallpox at age three months and immunised against Whooping Cough and Diphtheria at age nine months when the combined prophylactic is used. "Booster" doses against Diphtheria are recommended 3–5 years after primary immunisation. Schick-testing is not carried out as a routine but only in certain specified cases. Toddlers attend the clinics regularly for routine medical checks until they reach school age. At the European and Coloured pre-natal Clinics blood specimens for estimation of the Rhesus factor are taken now as a routine measure. The Durban Blood Transfusion Service performs the laboratory investigation free of charge. Attendances at these clinics are not high, but adequate ante-natal services are available at hospitals and nursing homes. The Asiatic pre-natal clinics conducted by the Supervisor of Midwives are, however, well patronised and attendances average between 60–70 per session.

The outbreak of gastro-enteritis in the Cato Manor area in January resulted in the emergency establishment of a daily Child Health Clinic at Cato Manor. A district out-patient clinic was established by the Provincial authorities and staffed from King Edward VIII Hospital.

The issue of free milk and other foodstuffs to all races was discontinued after the Durban City Council had negotiated unsuccessfully to obtain a Government subsidy for this issue. Subsequently the Secretary of Native Affairs Department offered to meet the cost of supplying a certain amount of free Dried Milk to Bantu children and their mothers attending the Municipal Child Health Clinics. It is anticipated that this service will commence shortly. The City Council has subsidised milk schemes at Lamontville, Chesterville, Baumannville and Jacobs Locations and at Cato Manor whereby fresh milk is supplied to Natives at reduced cost.

Provision has been made in the Draft Estimates for 1951/52 for an amount of £30,000 to cover capital expenditure for the proposed new non-European Clinic building to replace the existing building at Brook Street. Application has been made to the Minister of Health for preliminary general approval and eligibility for Government refund.

STAFF CHANGES.

Medical.—Dr. Cooke, Clinical Medical Officer resigned in November, 1950. This vacancy has not yet been filled.

Health Visitors—Deceased.—The sudden tragic death of Sister V. T. Dickens in a motor accident while on leave, deprived the Child Health Section of one of its most esteemed and loyal members. Sister Dickens had been an employee of the Durban Corporation for 22 years. Her colleagues of the Child Health Section and many mothers and their babies sadly miss a splendid Health Visitor and valued friend.

Health Visitors—Resignations.—Four Health Visitors resigned from the service during the year. Miss C. Wilson after 15 years service and Miss Wolff, Mrs. Hallowes and Miss Thomas who were comparatively recent entrants. Three of these five vacant positions have been filled.

Clerical Staff.—Miss J. Green resigned after 2 years service.

Retirement.—Mrs. M. Joseph, Asiatic Clinic Assistant, who retired after 23 years service was a fluent linguist in four Indian languages and assisted the Supervisor of Midwives, in teaching the 149 unqualified Indian midwives on the list of practising midwives.

That the clinic staff is totally inadequate for the amount of work to be done is obvious from the following table comparing staff establishments and growth of activities over the last decade :—

	1940/41	1950/51
Medical Officers	2	2
Health Visitors	16	17
Indian Clinic Assistants	3	6
Native Clinic Assistants	2 (1 part-time)	4
Clerical Staff	7	10

	1940/41	1950/51
Total Clinic Attendances	52,476	106,741
Total number of Registered Births	7,444	12,011
Total number of visits made by Health Visitors	24,765	56,471
Number of clinic sessions held	1,320	2,112

In attempting to deal with this vast increase in activities, additions to the staff have been : Health Visitors, 1 ; Asiatic Clinical Assistants, 3 ; Native Clinic Assistants, 2 ; and Clerical Staff, 3. Health Visitors conduct all the clinics and supervise the clinical assistants. The position is aggravated by the fact that when employees resign, months elapse before the vacant positions can be filled and, of necessity, extra duties have to be allotted to an already overburdened, however willing, staff. In addition there are periods when leave and sick leave of two or more health visitors overlap, although this in the case of vacation leave, is avoided as much as possible. The high standard of efficiency which the Durban Child Health Clinics has so far maintained cannot continue unless there is an increase in the present number of Health Visiting and Medical personnel.

Proposed New Non-European Clinic—Brook Street.—In order to provide room for expansion of the non-European Markets, it will be necessary to vacate the premises in Brook Street presently used as a non-European Child Health Clinic. The demands of the Clinic now far exceed the capacity of existing accommodation and a considerable expansion of facilities has now become essential. The City Council has accordingly made application to the Minister of Health for approval of a scheme for a new clinic on a nearby site at an estimated capital expenditure of £30,000.

BROOK STREET, GALE STREET AND MOBILE CLINICS

	EUROPEAN CLINICS			NON-EUROPEAN CLINICS				GRAND TOTAL	
	Gale Street	Mobile Clinic	Total	Brook Street and Gale Street Centres and Mobile Clinics					
				Coloured	Native	Asiatic	Total	1950-51	1949-50
Total Number of Sessions	322	662	984	159	357	612	1,128	2,112	1,957
Total Sessions for children	287	662	949	147	357	516	1,020	1,969	1,813
Total ante-natal sessions	23	—	23	12	—	96	108	131	132
Total post-natal sessions	12	—	12	—	—	—	—	12	12
Total Attendance at Clinics	8,095	26,355	34,450	10,572	31,265	30,454	72,291	106,741	116,560
New cases out of above number	917	1,737	2,654	876	8,221	6,829	15,926	18,580	16,141
No. of infants under 1 year attending clinic	561	1,181	1,742	538	4,115	1,868	6,521	8,263	7,367
Total attendance of infants	4,049	11,437	15,486	4,098	13,611	9,725	27,434	42,920	46,594
No. of toddlers and pre-school children attending clinic	453	1,509	1,962	416	2,153	1,440	4,009	5,971	5,003
Total attendance of toddlers and pre-school children attending clinic	1,831	8,568	10,399	3,187	4,653	7,723	15,563	25,962	30,798
No. of nursing mothers attending clinic ...	331	816	1,147	485	4,097	1,675	6,257	7,404	6,278
Total attendance of nursing mothers	2,046	6,350	8,396	3,243	13,001	9,491	25,735	34,131	35,295
No. of expectant mothers attending clinic ...	45	—	45	29	—	2,880	2,909	2,954	3,392
Total attendance of expectant mothers ...	84	—	84	44	—	3,515	3,559	3,643	3,650
No. of post-natal cases	72	—	72	—	—	—	—	72	114
Total attendance of post-natal cases	85	—	85	—	—	—	—	85	223
No. of test feeds given	160	267	427	44	41	23	108	535	660
No. of mothers instructed in treatment of minor ailments ...	543	1,538	2,081	832	6,873	6,868	14,573	16,654	20,009
No. of health talks and demonstrations ...	971	3,757	4,728	1,222	7,453	4,380	13,055	17,783	12,931
No. of cases seen by Doctor	2,846	1,346	4,192	2,227	3,418	3,609	9,254	13,446	17,690

NUMBER OF CASES

	European	Coloured	Native	Asiatic
Referred to Doctors	43	2	24	40
„ „ Hospitals	28	29	489	507
„ „ Societies...	19	5	9	36
Passed for Day Nursery	104	6	—	—

SPECIMENS SENT FOR PATHOLOGICAL REPORT :

Total number of stool specimens	433
Total number of swabs and smears	91

EXAMINATION OF ENTRANTS TO SERVICE :

88 Female entrants to the Municipal Service were medically examined.

BIRTHS

Notifications :

	European	Coloured	Native	Asiatic	Total 1950–51	Total 1949–50
DURBAN	1,615	223	1,277	1,144	4,259	4,152
GREENWOOD PARK	287	47	264	522	1,120	1,116
SYDENHAM	49	147	323	1,102	1,621	1,455
MAYVILLE	61	151	1,486	1,063	2,761	2,471
UMHLATUZANA	167	10	172	186	535	506
SOUTH COAST JUNCTION... ...	471	126	734	1,332	2,663	2,348
	2,650	704	4,256	5,349	12,959	12,048
IMPORTED	524	49	3,871	341	4,785	4,727
TOTAL	3,174	753	8,127	5,690	17,744	16,775

Number of **Illegitimate Births** occurring among those notified :

	European	Coloured	Native	Asiatic	Total
DURBAN	49	59	838	16	962
GREENWOOD PARK	2	7	165	7	181
SYDENHAM	2	31	187	20	240
MAYVILLE	—	35	857	20	912
UMHLATUZANA	2	3	102	6	113
SOUTH COAST JUNCTION... ...	1	24	373	22	420
	56	159	2,522	91	2,828
IMPORTED	4	26	1,893	16	1,939
TOTAL	60	185	4,415	107	4,767

Stillbirths—Notifications :

	European	Coloured	Native	Asiatic	Total
DURBAN	24	4	49	34	111
GREENWOOD PARK	3	1	13	24	41
SYDENHAM	3	1	15	34	53
MAYVILLE	3	4	75	28	110
UMHLATUZANA	1	1	3	6	11
SOUTH COAST JUNCTION... ...	9	4	36	44	93
	43	15	191	170	419
IMPORTED	6	—	207	17	230
TOTAL	49	15	398	187	649

Number of **Illegitimate Stillbirths** occurring among those notified :

	European	Coloured	Native	Asiatic	Total
DURBAN	—	1	37	—	38
GREENWOOD PARK	—	—	9	—	9
SYDENHAM	—	1	11	—	12
MAYVILLE	—	4	54	2	60
UMHLATUZANA	—	—	2	—	2
SOUTH COAST JUNCTION... ...	—	1	19	1	21
	—	7	132	3	142
IMPORTED	—	—	110	—	110
TOTAL	—	7	242	3	252

Registrations :

	European	Coloured	Native	Asiatic	Total 1950–51	Total 1949–50
DURBAN	1,562	243	1,190	1,037	4,032	3,870
GREENWOOD PARK	300	46	257	529	1,132	1,201
SYDENHAM	53	130	302	1,051	1,536	1,509
MAYVILLE	60	151	1,427	1,016	2,654	2,328
UMHLATUZANA	190	21	169	211	591	617
SOUTH COAST JUNCTION... ...	418	142	624	1,291	2,475	2,486
	2,583	733	3,969	5,135	12,420	12,011
IMPORTED	626	58	3,474	209	4,367	4,244
TOTAL	3,209	791	7,443	5,344	16,787	16,255

Birth Rate (Rate per 1,000 of population) :

	European	Coloured	Native	Asiatic	Total
1950–51	19·01	54·86	29·65	39·10	29·97
1949–50	20·04	51·25	23·69	44·62	30·05

Number of **Illegitimate Births** occurring among those registered :

	European	Coloured	Native	Asiatic	Total
DURBAN	56	69	582	27	734
GREENWOOD PARK	5	13	130	5	153
SYDENHAM	2	31	153	29	215
MAYVILLE	1	43	677	28	749
UMHLATUZANA	4	4	93	5	106
SOUTH COAST JUNCTION	8	37	361	35	441
	76	197	1,996	129	2,398
IMPORTED	10	23	1,738	13	1,784
TOTAL	86	220	3,734	142	4,182

Stillbirths—Registered :

	European	Coloured	Native	Asiatic	Total
DURBAN	14	3	53	41	111
GREENWOOD PARK	4	—	14	36	54
SYDENHAM	1	4	23	61	89
MAYVILLE	4	1	108	50	163
UMHLATUZANA	1	1	6	12	20
SOUTH COAST JUNCTION... ...	9	2	25	60	96
	33	11	229	260	533
IMPORTED	3	1	171	19	194
TOTAL	36	12	400	279	727

Number of **Illegitimate Stillbirths** occurring among those registered :

	European	Coloured	Native	Asiatic	Total
DURBAN	—	—	39	—	39
GREENWOOD PARK	—	—	7	—	7
SYDENHAM	—	4	12	—	16
MAYVILLE	—	1	64	—	65
UMHLATUZANA	—	—	5	—	5
SOUTH COAST JUNCTION... ...	—	—	12	—	12
	—	5	139	—	144
IMPORTED	—	—	85	—	85
TOTAL	—	5	224	—	229

Stillbirth Rate (or number of stillbirths per 1,000 live and stillbirths)

Race	Number of Stillbirths	Number of Live Births	Total	Stillbirth Rate
EUROPEANS...	33	2,583	2,616	12·6
COLOUREDS	11	733	744	14·7
NATIVES	229	3,969	4,198	54·5
ASIATICS	260	5,135	5,395	48·19

INFANTILE DEATHS

	European	Coloured	Native	Asiatic	Total
DURBAN	49	10	240	71	370
GREENWOOD PARK	9	6	45	37	97
SYDENHAM	2	8	84	106	200
MAYVILLE	—	22	822	86	930
UMHLATUZANA	2	2	60	17	81
SOUTH COAST JUNCTION... ...	12	10	215	121	358
	74	58	1,466	438	2,036
IMPORTED	18	11	504	18	551
TOTAL	92	69	1,970	456	2,587

Infantile Mortality Rate (or number of infant deaths per 1,000 live births) :

RACE	NUMBER OF DEATHS			NUMBER OF LIVE BIRTHS			MORTALITY RATE	
	Male	Female	Total	Male	Female	Total	1950–51	1949–50
EUROPEAN...	45	29	74	1,345	1,238	2,583	28·65	28·74
COLOURED...	36	22	58	366	367	733	79·1	73·06
NATIVE ...	735	731	1,466	2,043	1,926	3,969	369·4	330·02
ASIATIC ...	225	213	438	2,561	2,574	5,135	83·35	72·24

Number of Infants who died, who had previously attended Clinic or had been visited by a Health Visitor :

European	Coloured	Native	Asiatic
1	4	4	19

ATTENDED ONLY				HEALTH VISITED ONLY				HEALTH VISITED AND ATTENDED			
Europ.	Col.	Native	Asiatic	Europ.	Col.	Native	Asiatic	Europ.	Col.	Native	Asiatic
—	1	4	9	—	—	—	—	1	3	—	10

CAUSES OF INFANTILE DEATHS

Europeans:

CAUSES	WEEKS			MONTHS			TOTAL
	0—1	1—2	2—4	1—3	3—6	6—12	
Prematurity	27	1	—	—	1	—	29
Intracranial Haemorrhage	2	1	—	—	—	—	3
Spina Bifida...	—	—	—	1	—	—	1
Congenital Malformations	2	—	—	1	—	—	3
Congenital Atelectasis	7	1	—	1	—	—	9
Congenital Trachea	1	—	—	—	—	—	1
Congenital Debility	3	—	—	—	—	—	3
Icterus Neonatorum	4	—	1	1	—	—	6
Gastro-Enteritis	—	—	—	—	1	4	5
Acute Colitis	—	—	—	—	—	1	1
Broncho Pneumonia	—	—	—	2	1	—	3
Acute Bronchitis...	—	—	—	—	—	1	1
Whooping Cough	—	—	—	—	—	1	1
Miliary Tuberculosis	—	—	—	—	1	—	1
T.B. Meningitis	—	—	—	—	—	1	1
Cerebro-spinal Meningitis...	—	—	1	1	—	—	2
Hernia	1	—	—	—	—	—	1
Uraemia	—	—	—	1	—	—	1
Unknown	1	—	—	1	—	—	2
	48	3	2	9	4	8	74

Coloureds :

CAUSES	WEEKS			MONTHS			TOTAL
	0—1	1—2	2—4	1—3	3—6	6—12	
Prematurity	2	—	—	—	—	—	2
Intracranial Haemorrhage	4	—	—	—	—	—	4
Congenital Malformations	1	1	—	—	—	—	2
Congenital Atelectasis	7	—	—	—	—	—	7
Congenital Hydrocephalus	—	1	—	1	—	—	2
Icterus Neonatorum	2	—	—	—	—	—	2
Gastro-Enteritis	—	—	—	8	—	14	22
Malnutrition	—	—	—	2	1	—	3
Broncho Pneumonia	—	—	—	1	1	3	5
Lobar Pneumonia	—	1	—	—	—	—	1
Pulmonary Tuberculosis	—	—	—	—	—	1	1
Miliary Tuberculosis	—	—	—	—	—	1	1
Diphtheria	—	—	—	—	—	1	1
Mastoiditis	—	—	—	1	1	—	2
Unknown	—	—	1	—	—	2	3
	16	3	1	13	3	22	58

Natives :

CAUSES	WEEKS			MONTHS			TOTAL
	0—1	1—2	2—4	1—3	3—6	6—12	
Prematurity	112	12	16	3	—	—	143
Intracranial Haemorrhage	34	—	—	—	—	—	34
Other birth injuries	2	—	—	—	—	—	2
Congenital Malformations	3	—	1	1	—	—	5
Congenital Atelectasis	18	1	1	—	—	—	20
Congenital Debility	23	6	3	6	—	2	40
Other specified diseases (Icterus Neonatorum, etc.)	31	—	—	2	—	9	42
Tetanus Neonatorum	3	2	—	—	—	—	5
Gastro-Enteritis	15	35	35	173	121	219	598
Amoebic Dysentery	—	—	—	1	2	3	6
Colitis	—	—	—	—	—	1	1
Vomiting—Round worms	—	—	—	—	—	1	1
Pyloric Spasm	—	—	—	—	—	1	1
Intestinal Obstruction	1	—	—	—	—	—	1
Malnutrition	4	5	13	19	13	21	75
Rickets	—	—	—	1	—	—	1
Bronchitis	—	—	—	—	1	1	2
Broncho Pneumonia	25	25	21	81	77	112	341
Lobar Pneumonia	2	2	1	7	4	7	23
Empyema	—	—	—	—	1	1	2
Influenza	—	—	—	1	—	1	2
Whooping Cough	—	—	—	—	1	1	2
Pulmonary Tuberculosis	—	—	—	3	3	12	18
Miliary Tuberculosis	—	—	—	1	—	2	3
T.B. Meningitis	—	—	—	—	1	—	1
Cerebro-spinal Meningitis	—	—	—	1	—	—	1
Meningitis	—	—	—	3	2	4	9
Congenital Syphilis	3	3	5	5	1	4	21
Syphilis	—	—	—	1	—	—	1
Diphtheria	—	—	—	—	—	8	8
Measles	—	—	—	—	—	3	3
Mastoiditis	—	—	—	—	1	6	7
Otitis Media	1	—	—	1	1	5	7
Asphyxiation (cause unknown)	—	—	—	—	—	—	1
Hydrocephalis	—	—	—	2	—	—	2
Encephalitis	—	—	—	1	—	—	1
Convulsions	—	1	1	—	—	—	2
Oedema of Brain	—	—	—	1	—	—	1
Intracranial Abscess	—	—	—	—	—	1	1
Tonsillar Abscess	—	—	—	—	—	1	1
Fatty Liver	—	—	—	1	—	—	1
Jaundice	—	1	—	—	—	1	2
Acute Nephritis	—	—	—	—	—	2	2
Unknown	5	3	—	5	5	6	24
Cardiac Failure	—	1	—	—	—	—	1
Stab Wound : Homicide	1	—	—	—	—	—	1
	283	97	97	320	234	435	1,466

Asiatics :

CAUSES	WEEKS			MONTHS			TOTAL
	0—1	1—2	2—4	1—3	3—6	6—12	
Prematurity	65	6	5	1	1	—	78
Intracranial Haemorrhage	10	1	1	—	—	—	12
Spina Bifida	1	—	—	—	—	—	1
Congenital Malformation	1	—	2	—	—	—	3
Congenital Atelectasis	7	1	—	—	—	—	8
Congenital Debility	21	4	4	1	1	—	31
Other specified diseases (Icterus Neonatorum, etc.)	6	—	—	2	2	5	15
Pyloric Stenosis	—	—	—	1	—	—	1
Gastro-Enteritis	6	—	2	28	36	31	103
Intestinal Obstruction	—	1	—	—	—	—	1
Malnutrition	1	—	—	5	4	6	16
Bronchitis	—	1	—	10	—	7	18
Broncho Pneumonia	4	2	7	28	30	35	106
Lobar Pneumonia	1	2	—	4	1	7	15
Inhalation Pneumonia	1	—	—	—	—	—	1
Pneumonia	—	—	—	2	1	1	4
Bronchial Asthma	—	—	—	1	—	1	2
Influenza	—	—	—	—	—	1	1
Coryza	1	—	—	—	—	—	1
Whooping Cough	—	—	—	—	1	2	3
Pulmonary Tuberculosis	—	—	—	—	—	1	1
Miliary Tuberculosis	—	—	—	—	—	1	1
Carried forward	125	18	21	83	77	98	422

Asiatics (*Continued*)

CAUSES	WEEKS			MONTHS			TOTAL
	0—1	1—2	2—4	1—3	3—6	6—12	
Brought forward	125	18	21	83	77	98	422
T.B. Meningitis	—	—	—	1	—	2	3
Meningitis	—	1	—	1	—	—	2
Convulsions	—	—	—	1	—	—	1
Mumps	—	—	—	—	1	—	1
Otitis Media	—	—	—	—	1	—	1
Heart Failure	1	1	—	—	—	—	2
Natural Causes	1	—	—	1	1	—	3
Other Diseases peculiar to Infancy ...	—	—	—	—	—	2	2
Severe Burns—Accidental...	—	—	—	—	—	1	1
	127	20	21	87	80	103	438

FEEDING OF INFANTS WHO DIED FROM :

Enteritis :

	European	Coloured	Native	Asiatic	Total
Breast Fed	—	—	—	1	1
Breast Fed and Dried Milk	—	2	—	5	7
Breast Fed and Cow's Milk	—	—	—	2	2
Breast Fed, Cereal and Cow's Milk	—	1	—	—	1
Cow's Milk and Extras	—	—	1	1	2
Unable to Trace...	5	19	597	94	728
	5	22	598	103	741

Maternal Mortality :

RACE	Number of Registered Deaths from Causes Due to Childbirth	Number of Births			Death Rate Calculated on Live Births	Death Rate Calculated on Live and Stillbirths	
		Live	Still	Total		1950–51	1949–50
European	2	2,583	33	2,616	·77	·76	1·50
Coloured	—	733	11	744	—	—	—
Native	13	3,969	229	4,198	3·27	3·09	4·92
Asiatic	18	5,135	260	5,395	3·50	3·30	3·22

Maternal Deaths attended by :

	European	Coloured	Native	Asiatic	Total
Doctor	—	—	—	4	4
Midwife	—	—	—	2	2
No Midwife or Doctor	—	—	—	—	—
Hospital or Nursing Home	2	—	5	10	17
No particulars	—	—	8	2	10
	2	—	13	18	33

Causes of Maternal Deaths :

	European	Coloured	Native	Asiatic	Total
Puerperal Sepsis	—	—	—	1	1
Postpartum Haemorrhage	1	—	1	4	6
Antepartum Haemorrhage	—	—	2	—	2
Haemorrhage from Placenta	—	—	—	1	1
Concealed Accidental Haemorrhage	—	—	—	1	1
Ruptured Uterus	—	—	4	4	8
Obstructed Delivery...	—	—	1	—	1
Caesarian Section	—	—	2	—	2
Eclampsia	1	—	1	1	3
Toxaemia of Pregnancy	—	—	1	1	2
Albumenuria of Pregnancy	—	—	—	1	1
Obstetric Shock	—	—	—	1	1
Peritonitis	—	—	1	—	1
Tetanus	—	—	—	1	1
Nephritis	—	—	—	1	1
Cardiac Failure...	—	—	—	1	1
	2	—	13	18	33

SUPERVISION OF MIDWIVES

Midwives :

	European	Coloured	Native	Asiatic	Total
No. of trained Midwives practising in Durban	54	2	12	2	70
No. of trained Midwives who have ceased to practise	2	—	—	—	2
No. of untrained Midwives practising in Durban	4	3	1	149	157
No. of untrained Midwives who have ceased to practise	—	—	—	5	5
No. of trained Midwives deceased	—	—	—	—	—
No. of untrained Midwives deceased	—	—	—	5	5
No. of women practising midwifery who have been warned not to do so unless they apply to have their names put on the list	—	—	—	—	—
No. of Midwives prosecuted	1	—	—	—	1
No. of difficult midwifery cases attended to and delivered	—	—	—	3	3
No. of Midwives put on the list during the year	1	—	—	10	11
No. of Midwives reinstated during the year	—	—	—	2	2
No. of Midwives appliances examined	59	67	4	1,462	1,592
No. of Midwives bags replenished	—	81	4	3,219	3,304
No. of Midwives dressings sterilized	—	79	5	3,565	3,649
No. of Midwives dressings sterilized after septic cases	—	—	—	5	5
No. of visits to Midwives at their homes or at patients' houses	72	1	8	292	373

Certificated practising midwives' registers are examined every three months and their appliances every six months.

Uncertificated practising European and Coloured Midwives' appliances and registers are examined every three months.

Uncertificated practising Native and Indian Midwives' appliances are examined every month.

No. of Registered and Unregistered Midwives on List (Private practising in Durban) :

	European	Coloured	Native	Asiatic	Total
Registered	17	2	—	2	21
Unregistered	3	3	1	149	156

No. of Confinements attended by Midwives :

Attended by :

	Registered	Unregistered	Total
European	208	56	264
Coloured	10	29	39
Native	—	2	2
Asiatic	—	2,918	2,918

Ante-natal Clinics :

European	Coloured	Native	Asiatic	Total
23	12	—	96	142

The City Council does not provide for any accommodation for Maternity cases but the following Provincial Authorities and Private Nursing Homes have services available as set out hereunder :

EUROPEAN : Addington Hospital including District Midwifery Service. The Mothers' Hospital including District Midwifery Service. Sanatorium, Florida Nursing Home, Parklands Nursing Home, Innes Road Nursing Home.

COLOURED : Addington Hospital including District Midwifery Service. McCord's Hospital including District Midwifery Service. St. Aidan's Hospital.

NATIVES : King Edward VIII Hospital including District Midwifery Service. McCord's Hospital, including District Midwifery Service. Health Centres including District Midwifery Service.

ASIATICS : King Edward VIII Hospital including District Midwifery Service. McCord's Hospital including District Midwifery Service. St. Aidan's Hospital—no District Midwifery Service.

Inspection of Registers of Nursing Homes and Lying-in-Homes :

	European	Coloured	Native	Asiatic	Total
No. of homes	11	—	1	1	13
No. of times visited	46	—	9	5	60

Ante-Natal Work :

	European	Coloured	Native	Asiatic	Total
No. of expectant mothers attending Clinic ...	45	29	—	2,880	2,954
Total attendances	84	44	—	3,515	3,643
No. of Ante-Natal sessions	23	12	—	96	131
No. of Ante-Natal visits	215	24	253	1,382	1,874
No. of Post Natal visits	23	19	3	358	403

Accommodation available for Maternity Cases :

Beds at	European	Coloured	Native	Asiatic	Total
Hospitals	96	18	132	47	293
Nursing Homes	78	—	—	—	78

Other Visits :

	European	Coloured	Native	Asiatic	Total
No. of cases of Puerperal Sepsis...	1	—	1	4	6
No. of visits to cases of Puerperal Sepsis... ...	1	—	1	3	5
No. of maternal deaths	2	—	13	18	33
No. of visits to maternal deaths	2	—	5	12	19
No. of cases of Ophthalmia Neonatorum (notified)	6	2	112	68	188
No. of visits to cases of Ophthalmia Neonatorum	11	6	65	131	213
No. of Stillbirths	33	11	229	260	533
No. of visits in connection with stillbirths ...	7	7	20	99	133

Tuition :

	European	Coloured	Native	Asiatic	Total
No. of lectures and demonstrations to untrained Midwives	—	—	—	28	28
No. of times maternity film shown to untrained midwives	—	—	—	4	4
No. of untrained midwives attending classes ...	—	—	—	10	10

Ophthalmia Neonatorum (notified) :

Confinements attended by :	European	Coloured	Native	Asiatic	Total
Hospital or Nursing Home	6	1	39	16	62
Midwife at home	—	1	—	47	48
No skilled attention	—	—	2	—	2
Insufficient address	—	—	71	5	76
	6	2	112	68	188

Causes of Disease :

	European	Coloured	Native	Asiatic	Total
Symptoms indicating maternal Venereal Disease	1	1	83	3	88
Other causes	5	1	29	65	100
	6	2	112	68	188
Referred to own doctor or hospital	—	—	2	—	2
Already under Hospital treatment	1	1	85	3	90
Treated by Clinic	5	1	25	65	96
	6	2	112	68	188

Ophthalmia Neonatorum Rate (or number of cases of Ophthalmia Neonatorum notified per 1,000 live births) :

	Number of Cases of Ophthalmia Neonatorum notified	Number of Live Births	Rate Calculated on Live Births
European	6	2,583	2·32
Coloured	2	733	2·72
Native	112	3,969	28·2
Asiatic	68	5,135	13·2

IMMUNISATION

Diphtheria Injections :

	Under 1 year				1 to 6 years				School Age				Adults				Total
	European	Coloured	Native	Asiatic	European	Coloured	Native	Asiatic	European	Coloured	Native	Asiatic	European	Coloured	Native	Asiatic	
1st ...	9	11	12	1	75	47	295	87	352	715	3,753	10,863	4	2	1	1	16,228
2nd ...	4	—	9	—	128	65	69	76	512	1,087	3,863	10,347	3	—	1	5	16,169
3rd ...	—	—	—	—	—	—	—	—	475	502	872	2,986	1	1	2	—	4,838
	13	11	21	1	203	112	364	163	1,339	2,304	8,488	24,196	8	3	4	6	37,235

Diphtheria Boosters :

	Under 1 year				1 to 6 years				School Age				Adults				Total
	European	Coloured	Native	Asiatic	European	Coloured	Native	Asiatic	European	Coloured	Native	Asiatic	European	Coloured	Native	Asiatic	
	—	—	—	—	21	2	—	—	394	220	5	1,105	—	—	—	—	1,747

Combined Injections :

	Under 1 year				1 to 6 years				School Age				Adults				Total
	European	Coloured	Native	Asiatic	European	Coloured	Native	Asiatic	European	Coloured	Native	Asiatic	European	Coloured	Native	Asiatic	
1st ...	572	102	48	9	111	46	127	77	1	—	—	—	—	—	—	—	1,093
2nd ...	501	68	26	4	136	45	83	71	—	—	—	—	—	—	—	—	934
3rd ...	505	69	18	1	178	54	44	39	—	—	—	—	—	—	—	—	908
	1,578	239	92	14	425	145	254	187	1	—	—	—	—	—	—	—	2,935

Typhoid Injections (General) :

	Under 1 year				1 to 6 years				School Age				Adults				Total
	European	Coloured	Native	Asiatic	European	Coloured	Native	Asiatic	European	Coloured	Native	Asiatic	European	Coloured	Native	Asiatic	
1st ...	—	—	—	—	—	—	19	4	4	—	124	1	37	7	3,490	112	3,798
2nd ...	—	—	—	—	—	—	3	2	4	—	24	6	29	—	1,746	88	1,902
	—	—	—	—	—	—	22	6	8	—	148	7	66	7	5,236	200	5,700

Typhoid Boosters :

	Under 1 year				1 to 6 years				School Age				Adults				Total
	European	Coloured	Native	Asiatic	European	Coloured	Native	Asiatic	European	Coloured	Native	Asiatic	European	Coloured	Native	Asiatic	
	—	—	—	—	—	—	—	—	—	—	—	—	4	—	479	39	522

No. of Food Handlers Immunised against Typhoid :

European	Coloured	Native	Asiatic	Total
38	5	1,702	116	1,861

No. of Cases Vaccinated against Smallpox :

European	Coloured	Native	Asiatic	Total
1,583	1,009	16,667	13,017	32,276

HEALTH VISITORS' WORK

Infants Under 1 Year:

		European	Coloured	Native	Asiatic	Total
First Visits—Feeding	Breast	1,172	297	3,056	4,040	8,565
	Mixed	109	4	238	565	916
	Artificial	242	16	90	454	802
		1,523	317	3,384	5,059	10,283
Re-visits—Feeding	Breast	970	193	136	4,414	5,713
	Mixed	683	154	315	3,820	4,972
	Artificial	1,714	179	54	992	2,939
		3,367	526	505	9,226	13,624

Older Children :

	European	Coloured	Native	Asiatic	Total
First visits	389	53	1,582	6,193	8,217
Re-visits	5,751	1,413	626	16,376	24,166
	6,140	1,466	2,208	22,569	32,383
No. of above visits made to protected infants...	163	133	30	—	326

Other Visits :

	European	Coloured	Native	Asiatic	Total
Infant deaths	9	4	6	54	73
Infectious Diseases or contacts	4	—	—	4	8
Reports on insanitary conditions...	30	—	—	3	33
No. of visits to nursery schools and homes for protected infants	18	—	49	—	67
	61	4	55	61	181

Lectures and Demonstrations :

	European	Coloured	Native	Asiatic	Total
To students	72	—	—	—	72
To classes at schools	13	—	—	—	13
To expectant mothers	12	2	—	84	98
	97	2	—	84	183

Students :

	European	Coloured	Native	Asiatic	Total
University students	8	—	—	—	8
Health Visitor students	14	—	14	—	28
Domestic Science students	5	—	—	—	5
Pre-Nursing students	4	—	—	—	4
St. John's Nursing students	2	—	—	—	2
Prospective Nursery School teachers	2	—	—	—	2
	35	—	14	—	49

	European	Coloured	Native	Asiatic	Total
No. of infants under 1 year visited	1,969	411	3,481	6,019	11,880

TOTAL VISITS :

First visits—Infants	10,283
Re-visits—Infants	13,624
Older children	32,383
Other visits	181
	56,471

DENTAL CARIES

	European	Coloured	Native	Asiatic	Total
No. of children found to be suffering from dental caries	113	1	53	86	253
No. of cases of dental caries which received attention	104	1	27	7	139

DETAILS OF PATHOLOGICAL SPECIMENS

STOOL SPECIMENS	European	Coloured	Native	Asiatic	Total
Total No. of stool examinations	383	15	6	29	433
Negative results	276	9	5	13	303
POSITIVE RESULTS :					
Round worm (Ascaris)	44	2	—	13	59
Treated at Clinic	44	2	—	13	
Trichuris Trichiuris Ova (Whipworm)...	20	—	—	—	20
Referred to own doctor or hospital	20	—	—	—	
Entamoeba Coli Cysts	7	—	1	—	8
Referred to own doctor or hospital	7	—	1	—	
Giardia Lamblia Cysts	25	3	—	—	28
Referred to own doctor or hospital	25	3	—	—	
Entamoeba Histolytica	2	1	—	1	4
Referred to own doctor or hospital	2	1	—	1	
Undetermined Intestinal Infection	1	—	—	—	1
Referred to own doctor...	1	—	—	—	
Thread Worm	1	—	—	—	1
Treated at Clinic	1	—	—	—	
Tape Worm	1	—	—	—	1
Referred to own doctor...	1	—	—	—	
Multiple Infections	6	—	—	2	8
Referred to own doctor or hospital	6	—	—	2	
SWABS AND SMEARS :					
Total No. of swabs...	43	5	11	2	61
Results : Positive	1	1	1	—	3
Negative	42	4	10	2	58
Total No. of Smears	—	—	29	1	30
Results : Positive	—	—	8	1	9
Negative	—	—	21	—	21
WASSERMAN TESTS :					
Total No. of tests	42	16	—	—	58
Results : Positive	—	2	—	—	2
Negative	42	14	—	—	56
RHESUS FACTOR :					
Total No. of tests	28	15	—	—	43
Results : Positive	19	14	—	—	33
Negative	9	1	—	—	10

13. PROSECUTIONS

OFFENCE	Brought Forward	New	Total	Guilty	Not Guilty	With-drawn	Pend-ing	Fines
FOOD, DRUGS & DISINFECTANTS ACT :								
Milk :								
Under chemical standard	—	8	8	6	—	—	2	£52 10 0
Trading without registration	—	3	3	2	—	—	1	10 0 0
Unclean milk	—	2	2	2	—	—	—	30 0 0
Under pasteurised	—	1	1	1	—	—	—	5 0 0
No refrigeration	—	1	1	1	—	—	—	5 0 0
PUBLIC HEALTH BY-LAWS :								
Nuisances :								
Defective buildings	8	36	44	36	1	3	4	352 10 0
Unclean premises...	1	32	33	18	—	2	13	127 0 0
Cow-keeping without permit	9	6	15	11	—	1	3	34 0 0
Defective privies	1	4	5	2	—	—	3	9 0 0
Unclean yards	—	20	20	19	—	1	—	166 0 0
Unclean privies	—	2	2	2	—	—	—	38 10 0
Urinating in roadway...	—	7	7	7	—	—	—	6 10 0
No sanitary accommodation	—	2	2	2	—	—	—	10 0 0
Carried Forward	19	124	143	109	1	7	26	846 0 0

PROSECUTIONS—*(Continued)*

OFFENCE	Brought Forward	New	Total	Guilty	Not Guilty	With-drawn	Pend-ing	Fines
Brought Forward	19	124	143	109	1	7	26	846 0 0
Food :								
Unclean conditions	—	1	1	—	—	—	1	
Unstamped meat	—	1	1	1	—	—	—	5 0 0
Exposure to contamination	—	25	25	14	—	1	10	93 0 0
Unclean clothing	—	3	3	3	—	—	—	20 0 0
Unhygienic delivery	—	1	1	1	—	—	—	5 0 0
Under standard	—	2	2	1	—	1	—	7 10 0
Hairdressers :								
Unclean clothing	—	1	1	1	—	—	—	5 0 0
Rodents :								
Regulations re prevention	—	8	8	7	—	—	1	85 0 0
Mosquitoes :								
Regulations for the prevention... ...	—	4	4	3	—	—	1	34 10 0
Midwifery :								
Regulations regarding persons	—	2	2	2	—	—	—	9 0 0
Mattress Makers :								
Regulations regarding mattress makers, etc.	—	1	1	—	—	—	1	
Laundries :								
Ironing room used for soiled linen...	—	1	1	1	—	—	—	3 0 0
Soiled linen stored among foodstuffs	—	1	1	1	—	—	—	5 0 0
SLUMS ACT :								
Regulations for the Control, etc.	1	49	50	31	—	2	17	485 0 0
Total	20	224	244	175	1	11	57	£1,603 0 0
Previous Year	25	189	214	180	—	14	20	£1,263 0 0

14. HEALTH INSPECTION

(i) District Health Inspection—Offensive Trade and Mattress-Makers and Upholsterers Regulations :

During the year, a number of applications, both new for businesses and renewals, were received for permission to conduct or carry on these trades.

Chemical Works.—A large factory engaged in the production of chromates, tanning salts and other chemicals was granted an offensive trade permit for the current year, conditional upon installing a number of major improvements or the control of effluents, effluvia and noxious dust. A great deal of attention was devoted to obviating the possible health hazards arising from certain chemicals produced by the manufacturing processes. Periodic joint inspections by officials of the City Health and City and Water Engineer's Departments have been carried out throughout the year.

Noxious dust samples were collected by means of a special technique and submitted to analysis in view of the danger of aerial diffusion.

Considerable improvements have been effected during the year and although some arrangements have not been completed and necessitate further surveillance, the outgo of effluents, effluvia and dust has appreciably declined.

Sugar Refineries and Distilleries.—The liquid effluent from a local sugar refinery presented difficulty by reason of its unsuitability for discharge into the Corporation sewer. Having a small content of dissolved sugar, its effects upon concrete are deleterious at a temperature approximating 180°F. Moreover, the effluent is liable to ferment and smell offensively. Pre-treatment to render it suitable for discharge with the sewer is essential. At present, it is being discharged in enormous quantities into a stormwater conduit where its fermentation may be responsible for objectionable odours. The firm concerned has been granted a current offensive trade permit conditional upon its furnishing the required undertaking for abatement of nuisance. Much difficulty is being experienced in devising a practicable method of pre-treatment.

Factories and Industrial Hygiene.—The Department has co-operated with the Department of Labour in a conjoint programme aimed at raising the standard of factory hygiene. This Department's function has been to call for compliance with the requirements of the Factories, Machinery and Building Work Regulations in all aspects of factory management and includes the furnishing of reports to the Licensing Authority in connection with applications for trading licence.

The efforts of both Departments are bearing fruit and it is confidently expected that a high standard of factory and industrial hygiene will be attained in the course of a few years.

Native Institutions.—Health Inspections of all Locations, Breweries, Beer Halls and Eating Houses totalling seventeen in number, under the control of the Municipal Native Administration Department, have been regularly and often carried out during the year. During the course of these inspections, officials in charge have been assisted in promoting health standards generally, to the betterment of the Native operators and patrons of these Institutions.

From time to time, the Manager and other senior officials of the Native Administration Department have been interviewed for the purpose of first hand discussion on matters of urgency and of mutual interest to both Departments. Assistance and advice appertaining to health matters has also been given wherever possible in the designing of new premises and the improvement of existing buildings. Projects of particular interest in this regard being the new Beer Hall and Eating House now under construction in Booth Road and the proposed new Beer

Hall and Eating House to be erected at Umgeni. Various revolutionary changes are being introduced in connection with the layout and conduct of catering arrangements in the Eating House sections.

A recent survey of Chesterville, where no satisfactory trading facilities exist, revealed that twenty-four houses were being illegally used for business purposes, mainly the sale of groceries, cigarettes and mineral waters, wood and coal, paraffin, vegetables, etc.

At Lamont, permanent premises have been provided for two General Dealers and one Butcher, but as these facilities fall far short of the requirements of the Location, a fair amount of illegal trading is also conducted by tenants.

Suitable plans for developing trading sites are, however, being made available to Natives, who will be required to erect their own premises in accordance therewith. It is expected that this arrangement will assist the tenants and terminate the unsatisfactory position which has existed for some considerable time in regard to Native trading premises.

Fish Death—Umgeni River.—On two occasions during the year, reports were made to this Department regarding undue mortality of fish in the lower reaches of the Umgeni River. Investigations were at first hampered by the removal of all deceased fish by spectators. Though presumably eaten, nobody appeared to suffer any ill-effects. Analysis of effluents entering the river from local factories revealed no toxic constituent. However, one effluent was found to have a very high Bio-chemical oxygen demand. Having regard to the existing low level of the river at that time, the possibility of asphyxia from depletion of dissolved oxygen in the water was presumed. However, the incident recurred some weeks later when the river was in spate, when investigation revealed that dead and dying fish had been seen some seven miles up-river. The appropriate local authorities were accordingly notified of the occurrence.

Smoke Control.—The rapid expansion of industry in Durban has not been attained without some increase in atmospheric pollution, although, happily, this has been on a minor scale. Nevertheless, the City Council has decided to forestall any pronounced atmospheric contamination. To that end, consideration is being given by the City and Water Engineer to the introduction of new by-laws to control the discharge of smoke from all premises.

Codes of Practice.—All the Department's requirements have been standardised as far as possible and descriptive schedules have been prepared in the form of codes of practice. These are now widely distributed by Health Inspectors to members of the public direct, or are forwarded under cover of Notices or other advices to owners of premises, occupiers, architects, etc.

The subjects presently covered are as follows :—

Bakers
Butchers
Food Establishments (structural requirements)
Factories
General Dealers, Restaurants, etc. (as regards fittings, equipment, etc.)
Offices, buildings, non-food shops, etc.
Cockroaches, bedbugs, fleas, rodents and bird lice and mites.

Licensing Procedure.—This Department has continued to co-operate by reporting on new applications or by lodging objection against renewals when necessary, in respect of the following—with the Licensing Officer regarding trading premises, with the Manager, Native Administration Department, Native housing and with the Liquor Licensing Board regarding hotels, public bars, etc.

Legislation.—During the course of the current year, the following new by-laws were promulgated—By-laws relating to the keeping of certain animals, Food By-laws and Milk (and Milk Products) By-laws.

Keeping of Animals.—This code lays down conditions under which bovines, horses, mules, donkeys, goats, sheep or pigs or dogs (kept for reward) may be kept and no such animals may now be kept except under and in terms of the authority of a permit issued by the Medical Officer of Health.

Food.—This comprehensive new code calls for a considerably higher standard for businesses which involve the manufacture, preparation, storing, handling, sale or distribution of food with particular reference to the following—unsound foods, structure of premises, manufacturing equipment, furniture, fittings and fixtures, food protection, storage and distribution, personal hygiene facilities, housing facilities, sanitation, etc., and health of employees.

Milk (and Milk Products).—Apart from the control of farm milk supplies, the new code requires the taking out of a Certificate of Registration before the following foods are/can be sold or distributed within the City—milk, ice-cream, sweet cream, sour cream, skimmed milk, sour milk, buttermilk, acidophilus milk or similarly prepared milk.

Prosecutions.—A number of prosecutions were taken during the year, mainly under codes which have been in existence for some time. Generally speaking, prosecutions have not been instituted under the new codes as yet, owing to the desire on the part of the Department fully to publicise the new standards required.

The following schedule reflects the details of the work carried out by the Health Inspectorate over the year :—

CLASSIFICATION	NO. OF INSPECTIONS
Food Handling Trades :	
Bakeries	237
Boarding Houses and Private Hotels	1,133
Butcheries	1,219
Dairies and Milk Depots	1,648
Food Manufacturers	407
General and Fresh Produce Dealers	5,763
Hotels (Liquor licences)	510
Milk Bars	36
Offensive Trades	43
Restaurants and Eating Houses	2,098
Tea Rooms	1,340
Laundry	2,419
Non-Food Handling Trades :	
General Dealers	2,853
Hairdressers	482
Laundries and Dry Cleaning Depots	616
Lodging Houses	5,216
Offensive Trades	331
Laundry	6,317

Non-Trading Premises :

Barracks, Compounds, etc.	457
Dwellings	14,897
Laundry	10,223
	58,245

General :

Complaints received and investigated	2,434
Notices issued—written	4,943
Notices issued—personal	4,925
Reports on Trading licences	3,368
European Health Assistants' Inspections	29,058
Native Health Assistants' Inspections	8,290
Tubes of Larvae collected	442
Snails collected	28

(ii) FIELD HYGIENE :

During the year, every effort was made to extend the anti-pest programme particularly as regards roaches and bugs. The clearance of these pests from Municipal properties has been very thorough and they are now practically pest-free. Other pests dealt with were flies, fleas, lice and mites. All operations were attended with satisfactory results.

Mosquitoes.—The anti-mosquito programme kept two European General Assistants and 80 non-European labourers fully occupied on ditching, draining, reclamation, bush clearing and spraying. Constant spotting of likely anopheline breeding places and collections of larval specimens were undertaken by 4 Native Health Assistants.

Of 5,497 anopheline larvae examined, only 57 were A. Gambiae, the Malaria vector. A search for adult A. Gambiae was unsuccessful. The following table shows the relative incidence of the various species :—

	1949/50	1950/51		1949/50	1950/51
A. Gambiae	293	57	A. Listeri	17	—
A. Funestus	—	—	A. Longipalpis	44	13
A. Leesoni	196	113	A. Maculipalpis	1,017	780
A. Audensis	3	—	A. Marshalli	370	222
A. Cinereus	972	916	A. Natalensis	53	39
A. Constani	1,748	960	A. Pretoriensis	3,691	893
A. Demeilloni	1,301	1,169	A. Squamosis	259	126
A. Squamosis Var	1,246	269			

Aedes Mosquitoes.—Constant supervisory measures were carried out for the spotting of mosquitoes at the Stamford Hill Aerodrome and Reunion Airport including the whole of the surrounding areas.

Plague and Rodent Control.—The rodent position in Durban remains well under control. The staff—unchanged from previous years—comprises 4 European officials assisted by 7 trained Indians. Their activities include, primarily, the destruction of rodents and sampling for plague-index.

Survey of peri-urban areas of vacant land remain a routine feature and suitable action was taken against veld rodents wherever found.

Rodent-destructive measures were confined to the use of the poisons phosphorus and barium and to gassing and trapping programmes. A new method of rodent destruction was tried out on rat colonies by the use of a blood anti-coagulant and the results to date have been very satisfactory.

Bugs.—In Municipal barracks and institutions serviced by the Field Hygiene Section, bugs may be regarded as non-existent to-day, thanks to the routine use of D.D.T., D.D.T./B.H.C. solutions. Though D.D.T. alone is entirely satisfactory for the destruction of bugs, it is now common practice to use D.D.T. combined with B.H.C. which gives control over any co-existing roach infestation as well. Private contractors, however, use hydrogen cyanide gas and carried out 709 fumigations during the year—a great reduction from the previous year when 2,400 fumigations were carried out. It would appear that the highly effective insecticides available to-day are largely superseding hydrogen cyanide gassing.

Flies.—An outbreak of Gastro-Enteritis during January and February amongst the shack population in the Cato Manor area called for emergency operations for the eradication of flies in the whole area. Emergency squads were organised and all shacks, privies and fouled ground were thoroughly treated with D.D.T./B.H.C. solution, D.D.T. emulsion 5% and D.D.T. dust 10%. In all, 2,276 latrines and 4,847 shacks were sprayed. For the sake of safety a check of the whole area was instituted and a further 334 shacks were found and these were given similar treatment. After a break of two weeks all the privies and fouled ground in the area were again treated. The abatement of the outbreak is attributable in part at least to the efficiency of fly control and, although the expense was heavy in that 302 gallons of D.D.T./B.H.C. solution, 5,335 gallons of D.D.T. emulsion 5% and 300 lbs. D.D.T. dust 10% were used, it is obvious that the effort was justified as an emergency measure. The area now is under constant supervision and where considered necessary, similar control measures are applied.

Similar methods are used in the control of tipping sites, composting sites, manure heaps and spots that are likely to prove troublesome.

Statistics.—The following schedule summarises the activities of the section :—

Rodents :

Premises trapped for Plague Index	1,436
Traps set	17,068
Cyanogas used, lbs.	881
Rodents destroyed	7,430
Rodents to Government Laboratory for B. Pestis ...	325
Baits laid	72,080

Mosquitoes :

Larvicide used oil—gallons	1,175
D.D.T. emulsion—gallons	14,216
Other spraying fluids	90
Ditches cleared—yards	616,268
Land cleared—acres	148
Larvae examined in Municipal Laboratory	5,497

Bugs :

Premises fumigated by Private Firms	709
Premises treated with D.D.T./B.H.C. solution	20
Number of rooms treated	307

Roaches :

Sewer manholes sprayed	44,230
Stormwater manholes sprayed	36,967
Gutter bridges sprayed	21,244
Properties sprayed	23,821
Water valves, gullies, etc. sprayed	17,259
D.D.T./B.H.C. Solution used, gallons	3,091

Vehicles—Mileage :

Anti-Plague Unit	12,527
Anti-Malaria Unit	8,413
Anti-Roach Unit	15,165
General Duties Unit	7,199

Health Assistants :

Visits...	29,058

Native Health Assistants :

Visits to Municipal properties	4,097
Visits to non-European properties	4,193
Control advices given	5,333
Control advices complied with	1,486
Tubes of larvae for identification	442

(iii) Building Plans :

The number of building plans submitted for the approval of this Department in respect of sanitary and hygienic requirements, decreased slightly from 3,044 in 1950 to 3,022 in this year, but the estimated value increased by £3,937,766. To a large extent this is attributed to increased building costs, so much so, that several large projects are held up and the occupants of premises for which plans have been submitted, have had their leases renewed for extended periods, the inference being that building operations are deferred for more propitious times.

Dwelling house plans increased from 519 to 685 with an average increase in value of £56 per dwelling. Plans for blocks of flats in 1950 totalled 55, averaging 8 rooms per block, with an average value of £12,933 whilst those submitted in 1951 totalled 102 with an average of 19 rooms per block and average value of £20,784, reflecting an increase of £7,851 per block. Plans for shops, stores, etc., decreased by 46 but the estimated value increased by £1,067,190. Plans by clubs and hotels increased by two only, but the value was practically doubled, being £725,857 as against £366,901 for the previous year. It is obvious that considerable building activity is proposed and equally that costs and supplies will materially affect the carrying out of the various projects. Buildings that have become outdated and buildings intended for replacement by modern blocks will have to remain until the overall supply position eases.

The following schedules reflect the plans finally approved and passed.

GEOGRAPHICAL DISTRIBUTION OF PLANS SUBMITTED FOR APPROVAL

MONTH	Old Borough	Green-wood Park	Syden-ham	Mayville	Umhla tuzana	S.C. Junction	Total
1950 :							
July	61	29	13	12	8	33	156
August	103	66	25	41	38	82	355
September	83	58	24	22	14	53	254
October	93	52	18	30	22	67	282
November	87	45	18	25	26	72	273
December	50	18	16	17	5	43	149
1951 :							
January	115	63	23	32	28	92	353
February	93	53	19	30	17	48	260
March	111	50	24	16	11	62	274
April	35	19	2	13	4	28	101
May	136	60	29	28	14	85	352
June	90	53	16	15	13	65	252
Total ...	1,057	566	227	281	200	730	3,061

(iv) Public Health Education :

A new era in Health Education was marked by the production departmentally of three new film strips accompanied by appropriate sound tracks recorded on a machine acquired for the purpose. The first entitled " Then and Now " comprised 104 frames and compares the traditional Zulu custom of isolating people with chest complaints in unventilated huts as compared with modern hospital isolation. Part I—" Then " displays the kraal method whilst Part II—" Now " exemplifies the modern method. The theme is in narrative form and the film has been officially adopted by the S.A. National T.B. Association, recordings of which have also been done in Afrikaans and Zulu. The second " This is War " (77 frames) shows that with the opening of the Reunion Airport, Yellow Fever becomes a priority menace to Durban and Natal. This strip illustrates the unending vigil which must be kept to detect and destroy mosquito breeding places. Methods of prevention and destruction are portrayed in detail. The background of this documentary strip is Durban.

The third, " Over the Hill " (65 frames), has a social environmental setting illustrating the series of thorny shackland health problems. From the European's point of view the danger of domestic servants visiting relatives in the shack community and introducing vermin and disease into the employer's home is depicted. From the Bantu aspect, the lack of sanitation and water, and the evils of overcrowding are stressed as inimical to honest, healthy and contented living. Poignant instances of sickly and malnourished infants are shown. The film is realistic and highlights the urgent need for housing health services and amenities for the detribalised Bantu attracted to the Cities by expanding industry.

PLANS PASSED FOR NEW BUILDINGS AND ALTERATIONS TO EXISTING BUILDINGS

	DWELLINGS							FLATS						ADDITIONS TO DWELLINGS AND FLATS		SHOPS, STORES OFFICES		ADDITIONS TO SHOPS STORES OFFICES		CLUBS HALLS HOTELS		ADDITIONS TO CLUBS HALLS HOTELS		TOTAL No. of PLANS	TOTAL ESTI-MATED COST
Month	No. of Plans	Cost	2 Rms	3 Rms	4 Rms	5 Rms	6 & over	No. of Plans	Cost	1 Rms	2 Rms	3 Rms	4/5 Rms	No. of Plans	Cost	No. of Plans	Cost	No. of Plans	Cost	No. of Plans	Cost	No. of Plans	Cost	Total	Cost
		£							£						£		£		£		£		£		£
1950 : July ...	36	81,860	3	3	11	18	1	5	15,400	1	32	18	21	80	23,598	10	68,051	14	26,920	2	12,580	8	49,638	155	278,047
Aug. ...	81	407,592	6	101	84	74	7	10	377,267	56	147	47	19	145	42,754	43	197,764	58	32,221	2	25,200	8	2,807	347	1,085,605
Sept. ...	60	136,731	5	8	11	31	5	7	157,537	12	54	21	4	112	29,712	14	231,610	49	59,973	4	166,690	8	21,458	254	803,711
Oct. ...	64	125,331	7	9	10	35	3	14	183,832	2	39	34	36	125	45,535	28	319,343	38	13,489	3	24,175	10	7,594	282	719,299
Nov. ...	62	128,349	3	4	12	40	3	8	104,200	—	31	35	1	110	29,306	28	361,485	49	21,728	3	22,000	7	35,849	267	702,917
Dec. ...	37	81,268	1	6	8	18	4	3	82,350	40	54	—	—	66	18,055	12	185,873	27	18,742	1	4,700	2	1,525	148	392,513
1951 : Jan. ...	87	210,542	3	9	19	46	10	16	161,630	9	25	47	21	131	29,966	14	140,534	66	93,126	12	323,602	16	10,663	342	970,063
Feb. ...	63	130,320	5	7	12	37	2	14	356,000	43	113	66	11	119	36,215	13	319,186	36	104,401	1	70,000	12	34,537	258	1,050,659
Mar. ...	43	88,068	5	5	9	21	3	9	359,357	12	18	626	3	135	84,055	16	847,487	58	72,320	3	48,850	6	27,815	270	1,527,952
April ...	23	46,477	2	1	4	16	—	4	113,227	—	16	21	14	41	12,523	8	46,195	21	39,787	1	15,000	3	9,170	101	282,379
May ...	76	189,584	5	36	39	37	5	9	192,600	24	54	30	21	164	50,455	23	353,478	69	65,597	1	9,260	10	24,354	352	885,328
June ...	53	125,359	2	3	8	37	3	3	16,600	2	2	—	9	116	30,842	10	124,205	57	119,749	1	4,800	6	14,598	246	436,153
TOTAL ...	685	£1,751,481	47	192	227	410	46	102	£2,120,000	201	585	945	160	1,344	£433,016	219	£3,195,211	542	£668,053	34	£726,857	96	£240,008	3,022	£9,134,626

Methods of presenting Health Education to the public are :—

Audio/visual in which both 16 m.m. and 35 m.m. projectors are used ; organised venues may be open-air or any kind of accommodation such as halls, warehouses and vacant buildings.

Mobile loudspeaker van from which talks are given in English, Zulu, Tamil and Hindustani.

Casual group work—where the lecturers address groups in streets, at lunch hours in compounds, on beaches, in parks, at bus stops.

It is becoming increasingly difficult to give lunch-hour shows in factories because new buildings are designed with massive windows and lighting which defy blacking-out.

Organised demonstrations in food and food-utensil-handling are special features in all food establishments. Working staffs are shown how to prevent the soiling of eating and drinking vessels, and of glass cleaning cloths, etc.

The special " Hand to Mouth " film strip never fails to point the lesson to all food handlers of the necessity for observing the tenets of personal hygiene. Although this strip was produced for the Bantu, all races view it with interest. Because of its local colour, it serves a more useful purpose than the imported strips entitled " Pot Luck " and " In Hot Water."

Difficult to contact are casual waiters employed on Sundays at the beaches and at other popular venues as well as the casual employed at race meetings. For the latter, tabloid talks in the early morning have been tried.

Talks on vi-testing, another feature of the food-handling programme, are given twice weekly at the clinic where dairy and other milk handler employees attend.

The health literature library has acquired a cartoon on food storage under the caption " Make a Friend of your Frige : Don't Ration Refrigeration."

The above media are used all day and every day throughout the City and shackland.

Shackland.—Special shack-to-shack visitation by Bantu Assistants is a daily routine ; instruction is given on major subjects such as prevention of T.B. and V.D., Vermin and Pest Control, Nutrition and Personal Hygiene. The Cato Manor shack dwellers receive special attention.

With the opening of the Cato Manor Clinic to meet the need of the shack dwellers, a room was allotted to the Health Education Section. Patients before and after seeing the doctor are shown health films with Zulu commentation. Many women have never before seen a bioscope—perhaps at their first attendance the astonishment may outweigh their enlightenment, but they return and benefit by the instruction.

During the outbreak of Gastro-Enteritis at Cato Manor, five Bantu assistants combed the shacks urging mothers to take sick babies immediately to Clinic. The loudspeaker unit talks supported the work of field staffs.

Yellow Fever Control.—In connection with the Yellow Fever threat to which the City is potentially open, a major campaign of preventive teaching by lectures, films, film strips, had been undertaken.

Scholars, Scouts and Guides of all races have been chosen as propaganda " targets "; in addition, wherever a film programme is being shown, a Yellow Fever film is interposed.

New Mobile Van with Equipment for Daylight Film Shows.—It is impossible to cover even the vast Bantu population of the City with film shows at nights only ; daylight shows at venues with black-out facilities are necessary. The provision of a suitably equipped van was approved in principle but unfortunately owing to financial stringency, the item was deleted from the Estimates for 1951/52.

Open-Air Show, Bandstand, South Beach.—It was estimated that at least 1,800 Europeans attended the first open-air show for Europeans successfully projected on the beach. Main theme of the programme was mental hygiene (a 32 minute film), which the vast crowd, many of whom were standing, viewed with concentrated interest and an absence of " coming and going " to be expected in open-air gatherings. Supporting films were mainly the " Disney " health series.

Bantu Registration—Municipal.—As Native males pass through medical examination at the Native Administration Department offices when seeking employment, they are addressed by a Bantu Health Lecturer who imparts health instruction with accent on three major points : V.D., T.B. prevention and food-handling.

Lunch-Hour Shows.—From time to time, office workers are invited to a lunch-hour show in a room in the Art Gallery. Films on Mental Hygiene, T.B., Bilharzia and other appropriate health subjects are displayed.

Factory canteens, compounds, warehouses are used, especially for non-Europeans, for the purpose of showing health films and film strips.

Staff.—The lack of Government support for Health Education hinders the development of an adequate health film programme for non-Europeans in the City.

Municipal.—Compounds, barracks, housing schemes, locations and hostels for Bantu and Asiatic, receive a routine quota of film shows and talks.

Women's Activities.—It is noteworthy that women's institutes such as the National Council of Women, Housewives' League, etc., continue to request that Health Education films be shown as well as those which have a social slant such as " Over the Hill " mentioned above.

HEALTH EDUCATION TALKS AND FILMS

	Old Borough	Green-wood Pk.	Syden-ham	May-ville	Umhla-tuzana	S.C. Junction	Total
Talks :							
Bilharzia	40	45	29	33	28	31	206
Food-handler Hygiene	2,214	37	36	56	23	49	2,415
Gastro-Enteritis	71	—	—	70	—	—	141
Infectious Diseases	1,577	128	204	579	144	137	2,769
Immunisation	1,520	146	197	568	153	147	2,731
Isishimuyana	13	5	2	4	7	2	33
Nutrition	89	37	37	57	16	41	277
Personal Hygiene	223	54	67	60	38	44	486
Pest Control	281	100	118	784	115	90	1,488
Pest Control (D.D.T.)	40	40	26	28	21	25	180
Refuse Dumping	48	17	4	2	7	8	86
Scabies	47	22	34	31	18	19	171
Tuberculosis...	2,005	68	57	539	46	70	2,785
Venereal Disease	1,930	42	46	60	21	40	2,139
Vi-testing	188	—	—	—	—	2	190
Worms	6	2	1	5	3	6	23
Yellow Fever	55	8	7	31	2	18	121
	10,347	751	865	2,907	642	729	16,241

Health Education Talks and Films—(*continued*)

	Old Borough	Green-wood Pk.	Syden-ham	May-ville	Umhla-tuzana	S.C. Junction	Total
Films :							
Bilharzia	15	3	6	5	—	4	33
Cleanliness	1	—	2	6	—	—	9
Dysentery	—	—	1	1	—	—	2
Elimination	3	—	—	—	—	—	3
Hookworm	4	2	—	1	—	1	8
Human Body	1	1	1	1	—	1	5
Infant Care	2	—	—	3	—	—	5
Immunisation	6	1	3	3	—	1	14
Insects as Carriers	5	—	3	14	—	—	22
Kill the Louse	2	—	2	1	—	3	8
Malaria...	14	1	—	—	1	4	20
Mental Hygiene	11	—	—	—	—	—	11
Morning Milk	1	—	—	—	—	1	2
Mother and Child	4	—	—	—	—	—	4
Nursery Schools	2	—	—	—	—	—	2
Nutrition	3	1	1	11	—	1	17
Sanitary Market	1	—	—	—	—	—	1
Transmission of Disease	—	1	2	1	—	—	4
Tuberculosis...	9	2	6	1	—	1	19
Two Families	1	—	—	1	—	1	3
Typhoid Carrier	3	1	2	9	—	—	15
Typhus	1	—	1	1	—	—	3
Venereal Disease	8	2	—	—	—	4	14
What is Disease	5	1	2	6	—	1	15
Yellow Fever	35	—	3	1	2	13	54
	137	16	35	66	3	36	293
Film Strips :							
Hand to Mouth	56	2	4	3	—	8	73
Over the Hill	13	1	1	—	1	—	16
Tuberculosis...	68	2	6	9	—	15	100
Yellow Fever	45	1	1	2	2	16	67
	182	6	12	14	3	39	256

NUMBER OF ATTENDANCES AT HEALTH EDUCATION TALKS AND FILMS

District	European	Coloured	Native	Asiatic	Total
Old Borough	6,128	401	158,302	23,684	188,515
Greenwood Park	5	—	6,567	27,653	34,225
Sydenham...	99	—	4,394	23,092	27,585
Mayville	—	—	87,097	20,143	107,240
Umhlatuzana	450	—	14,225	14,626	29,301
South Coast Junction ...	633	500	17,116	20,263	38,512
	7,315	901	287,701	129,461	425,378

15. STAFF ESTABLISHMENT

Administration :

Position	No.	Occupant
City Medical Officer of Health		Gunn, Dr. G. H. (M.D., D.P.H.)
Deputy City Medical Officer of Health ...		English, Dr. G. D. (M.B., Ch.B., D.P.H., D.T.M.)
Administrative Officer		Thomson, A. H. (A.R. San. I.)
Chief Clerk (Legal & Technical)		Poplett, D. J. (M.R. San. I.)
Chief Clerk (Administration & Financial)		Donkin, F. D.
Senior Clerk	2	
Clerk—Grade I	3	
Clerk—Grade II	1	
Clerk—Grade III	3	
Clerk—Grade IV	9	
Lady Assistant	1	
Chief Typist	1	
Senior Typist	1	
Typist	6	
Enquiry Clerk...	1	
Non-European :		
Indian Office Assistant	1	
Indian Messenger	7	
Medical Bureau :		
Senior Clinical Medical Officer		Casson, Dr. M. (M.D., M.R.C.S., L.R.C.P.)

Position	No.	Occupant
Epidemiology and Endemiology :		
Assistant Medical Officer of Health		Hooper, Dr. D. H. (M.B., Ch.B., D.P.H.)
General Assistant	1	
Driver/Assistant	1	
Lady Assistant	1	
Non-European :		
Health Assistant	13	(Indian 6 ; Bantu 7)
Indian Messenger	1	
Bantu Nightwatchman/Cleaner	5	
Health Inspection :		
Assistant Medical Officer of Health		Gilbert, Dr. P. S. (M.B., Ch.B., D.P.H.)
Chief Health Inspector		Groom, G. F. (Cert. R.S.I.)
Deputy Chief Health Inspector		Johnston, M. M. (Cert. R.S.I.)
*Health Inspector (1st Grade)	8	(Plans, Food Hygiene, Dairies (3), Slums & Housing, Field Hygiene and Infectious Diseases)
Health Inspector (2nd Grade)	11	(Districts 1 to 10 plus 1 relief)
Health Inspector (3rd Grade)	10	(Districts 11 to 18 plus 1 on Slums & Housing and 1 on Native Institutions)
*Assistant Health Inspector	8	
Health Assistant	12	
*Health Assistant (Lady)	1	
* Certificates R.S.I.		
Veterinary Hygiene :		
Assistant Veterinary Medical Officer		Cavanagh, Dr. F. E. (B.V.Sc.)
Lady Assistant	2	
Field Hygiene :		
Senior Assistant Supervisor	1	
Assistant Supervisor (Field)	1	
General Assistant (1st Grade)	5	(Rodent Control)
General Assistant (2nd Grade)	11	(Gang Overseers 10 ; plus House Disinfections 1)
Non-European :		
Indian Sirdar	1	
Indian Field Assistant	6	
Indian Labourer	13	
Bantu Health Assistant	4	
Bantu Labourer	75	
Health Visiting :		
Chief Health Visitor		Eckhoff, Sister E. J.
Senior Health Visitor		Robinson, Sister S. E. H.
Health Visitor	28	(Child Hygiene 17 ; Tuberculosis 5 ; V.D. 1 ; I.D. 1 ; Immunisation 4)
Lady Assistant	8	
Driver/Lady Assistant	1	
Non-European :		
Indian Clinic Assistant	6	
Indian Messenger	5	
Bantu Health Visitor	3	
Bantu Cleaner	1	
Family Health Service :		
Senior Clinical Medical Officer		Chapman, Dr. L. E. J. (M.B., Ch.B., B.Sc., D.P.H.)
Clinical Medical Officer	1	(Vacant)
Physical Culturist	1	(Sessional basis)
Non-European Health Services :		
Senior Clinical Medical Officer (City Venereologist)		Dewar, Dr. R. S. (M.B., Ch.B.)
Clinical Medical Officer		McAuliffe, Dr. M. (M.B., M.R.C.S.)
Bantu Medical Officer		Dhlamini, Dr. C. N. (M.D., L.R.C.P., L.R.F.P.S.)
Non-European :		
Bantu Health Assistant	6	
Bantu Clerk	4	
Bantu Nurse (Female)	4	
Bantu Laboratory Assistant	2	
Bantu Clerical Assistant	1	
Bantu Orderly	3	
Bantu Cleaner	1	
Indian Health Assistant	1	
Public Health Education :		
Health Educator	1	
Technician	1	
Non-European :		
Indian Lecturer	1	
Indian Health Assistant	1	
Bantu Lecturer	1	
Bantu Health Assistant	2	

Staff Changes :

Dr. G. H. Gunn	Seconded to Technical Sub-Committee on Race Zoning.
Mr. R. E. Boutle	Appointed City Licensing Officer and Registrar.
Mr. H. M. Tedder	Promoted on transfer to another Department.
Mr. F. G. Bawden	Deceased.
Dr. L. W. van den Heever...	Resigned.
Dr. O. Cooke...	Resigned.
Dr. G. D. H. Wallace	Retired.

REPORT "B"

HOUSING

The acute shortage of housing and accommodation for all races, and particularly for Natives, continues to prevail throughout the City. With an ever-increasing population and a corresponding shortage of housing, gross overcrowding of sub-standard dwellings has resulted in large and ever-increasing "black belts," not only within the suburban areas, but also in the peri-urban sections of the City where "basic sanitation" is completely lacking.

The need for suitable land on which to house those people is most urgent and cannot be overstressed.

SHACKS

AREA	June, 1950	June, 1951
South Coast Junction	919	954
Umhlatuzana	237	263
Sydenham	320	371
Mayville	6,643	7,811
Greenwood Park	227	246
Old Borough	211	219
TOTAL	8,557	9,864

The above figures include extensions as well as new structures. In the larger settlements, congestion is such that accurate counts of new erections are extremely difficult.

In April, 1951, a survey was carried out in the Mayville area and a total of 5,468 shacks was recorded. The difference in this figure and the one above of 7,811 shacks, which was arrived at by adding to last year's figure, the new structures reported on during the year, is due to the fact that, in numerous cases, as many as three to five shacks have been linked together giving one shack, but containing many more rooms.

ESTIMATED SHACK POPULATION (ALL RACES)

AREA	June, 1950	June, 1951
South Coast Junction	4,595	8,395
Umhlatuzana	1,185	2,314
Mayville	33,215	68,736
Sydenham	1,600	3,264
Greenwood Park	1,135	2,164
Old Borough	1,055	1,927
TOTAL	42,785	86,800

Note.—The above figures for 1950 were based on five persons per shack. The 1951 totals are based on the figure of 8.8 persons per shack obtained from a survey carried out by the Native Administration Department.

Slum Area—Town Zones.—Owing to the continuance of Council's ban on all demolitions, pending a return to normal building conditions, direct action for the removal of slum premises has not yet been possible. Action, however, has been intensified under the Regulations for Control and Inspection of Premises in Defined Zones, framed under Section 32 of the Slums Act, which has resulted in many properties being structurally improved. In the town zones, the owners of some twenty-seven sets of premises have applied for their demolition during the year. All these premises are being replaced by modern buildings.

Suburban Zone :

Slum Zone 8.—Situated on the north bank of the Umgeni River, has remained static throughout the year.

Slum Zone 9.—The Cato Manor area is essentially a Native shack settlement which has, during the year, increased at a phenomenal rate. Temporary ameliorative measures have been adopted in this zone and have resulted in a marked improvement in health conditions. Intensive health education through the medium of public address vans, coupled with immunisation against Smallpox and Typhoid, have also played a vital part in disease prevention.

Slum Zone 10.—This zone lies in the Bluff Valley and has not deteriorated to any great extent. Shack building has dropped markedly and existing Native shacks have been listed for re-housing at the Glebe Lands. Basic sanitation in these shack areas has also been considerably improved.

Slum Zone 11.—South Coast Junction, being a proclaimed industrial area, is being sewered and slum conditions will therefore ultimately be eliminated by industrial development.

General.—The rapid development of Durban industry, creates its major health problem, i.e. the housing of the many thousands of Native workers attracted from the Native Reserves whence industry draws its labour force.

The proposed expropriation of the Cato Manor area for temporary housing purposes, should serve to safeguard the City against the potential menace to Public Health arising from this area and to improve the conditions under which these Natives are now living.

New Shack Settlements.—Two new Native shack settlements which are worthy of note are those situated at Northbank Road, Cato Manor, and Mottramdale Road, Sydenham, near the Westville Township area. The Northbank Road settlement illustrates how the erection of shacks is becoming organised. Here, for the first time, Native builders made their appearance in the shape of contractors prepared to erect shacks for those of their compatriots requiring homes. The result was the very speedy conversion of a comparatively rural spot to a dense " built-up " area of multi-roomed shack dwellings, occupied by several hundred Bantu. The Mottramdale Road settlement was of very limited extent but, due to its close proximity to the Westville Township boundary, and the sanitary nuisances associated with this type of housing, it invoked strong protests from the Westville Local Authority. The growth of the settlement has been arrested and measures are being taken to provide a wholesome water supply and to remedy basic sanitary nuisances.

Cato Manor Settlement.—The City Council has given special attention to the health measures required in the extensive Cato Manor Native shack settlement. This settlement, which comprises approximately 6,000 shacks occupied by some 50,000 to 60,000 Natives, covers a very large area abutting the Western boundary of the City. The problem of Cato Manor, apart from the influx of Natives during and after the War years, who, perforce, had to provide shelter for themselves, has been greatly aggravated by several factors, some of which are :—

(1) The land has been owned by a multiplicity of owners, predominantly Indians, with holdings extending from about one acre to, in a few cases, about thirty acres ;

(2) The very hilly terrain and the unfavourable nature of the soil ;

(3) The lack of service roads and sanitary removal services, coupled with a limited water reticulation.

For many years, this Department has stressed the grave threat to health which Cato Manor constitutes and the urgent need for organising Native shack areas on the basis of temporary housing equipped with basic sanitary and health services pending the provision of permanent housing. It is pleasing to record that the City Council has at last obtained the necessary authority to proceed with such an interim programme. No time is being lost in proceeding with the scheme, which is one designed to provide a controlled shack settlement, complete with all essential sanitary amenities and other necessary health services. It would, of course, be necessary at the same time, to disallow the erection of new shanty slums there or elsewhere. In order to put an end to the growth of shacks in the City the City Council has sought powers from the Natal Provincial Administration which will enable it to prevent the erection and occupation of more shack dwellings.

During the year under review, one hundred and sixteen applications to demolish or convert buildings were received by this Department for report. In most instances the projects involved the replacement of substandard dwellings by modern buildings.

NEW MUNICIPAL HOUSING

1. **European:**

(a) **Partly Paid Housing Schemes :**

No. of Houses completed	776
No. of Houses awaiting commencement or commenced	30

(b) **Flats for Ex-Volunteers :**

Umbilo Road	48
Kenneth Gardens	282
Currie Road	48
Westgate Gardens	84
Kirkwood Gardens	72
	534

(c) **Flats for Women :**

Rapson Road—completed	55
Sub-Economic (Elderly women of limited means) Clayton Cottages	50

(d) **Housing for Ex-Volunteers :**

Woodlands Scheme—

Housing completed	350
Houses under construction	50

Sherwood and Virginia Estates—

Virginia Houses completed	85
Virginia Houses commenced	Nil
Awaiting construction	Nil

2. **Indian—Sub-Economic :**

(a) Springfield Sub-economic completed	705
(b) Springfield plots available for Economic Houses	Nil
(c) Cato Manor houses completed (1 destroyed during January, 1949 riots)	100

—Economic :

Cato Manor (1 destroyed during January, 1949 riots)	50

3. **Coloured :**

Sparks Estate :

Sub-economic completed	24
No. of Houses under construction	25
Economic completed	36

4. **Native :**

Chesterville Scheme :

No. of Houses completed	1,268

Merebank Native Men's Hostel :

Completed	4,128 beds
1 block visiting wives	48 units
Recreation Hall	Completed

Magazine Barracks.—One wood/iron block has been completely re-roofed and all kitchens serving this block have also been re-roofed.

In the hollow block sections all kitchens serving sections G., H., and I. have been re-roofed with malthoid.

In the wood/iron sections the roofs of a third of the kitchens have been repaired.

The sanitary block is to be re-roofed when materials become available.

MUNICIPAL NATIVE HOUSING

1. (a) **Locations for Housing Families :**

Lamont Houses completed	775
Lamont Houses under construction	Nil
Lamont Flats under construction	586
Lamont Flats completed	Nil
Baumannville	118
Jacobs	64
Chesterville	1,261
	2,804

(b) **Locations for Native Males :**

Somtseu Road	4,456
Merebank	4,128
Dalton Road	1,656
Jacobs	625
	10,865

(c) **Hostels for Native Females :**

Grey Street	590
Jacobs	64
	654

(d) **Hostels for Native Males :**

Bell Street and Plymouth Road	1,154
Ordnance Road	440
	1,594

(e) **Glebe Lands :**

Houses completed	84
Total sites available	1,400
	1,484

2. (a) **Water Supply :**

	LOCATIONS				
	Glebe Lands	Lamont	Baumannville	Jacobs	Chesterville
Houses with water laid on	Nil	563	120	—	1,268
Houses with communal supply	Nil	212	—	64	—
No. of communal taps	2 (Provision for 64)	31	—	4	—

(b) **Ablution, Washing and Sanitary Accommodation :**

	Glebe Lands	Lamont	Baumannville	Jacobs	Chesterville
Houses with showers	—	563	120	—	—
Houses with bathrooms	—	563	—	—	1,265
Showers for Males	—	—	—	6	—
Showers for Females	—	—	—	6	—
Washing gullies	—	100	120	2	1,265
Latrines (pail)	4	—	—	—	—
Latrines (pit)	40	212	—	—	—
Latrines (waterborne)	—	563	120	—	1,265
Latrines (males)	—	—	—	6	—
Latrines (females)	—	—	—	6	—

3. (a) **Hostels for Men :**

	Ordnance Road	Merebank	Somtseu Road	Dalton Road	Bell Street	Jacobs
Latrines	13	388	235	66	42	72
Urinals	—	100	13	6	7	54
Showers	9	446	216	38	38	48
Washing Areas	3	100	21	11	22	5
Water Taps	9	1,082	50	50	36	58
Fireplaces	15	64	62	26	15	16
Kitchens	—	2 (large)	10	5	—	2
Kitchen Taps	—	238	24	17	—	7
Dining Halls	—	4	3	2	—	1

(b) **Hostels for Women :**

	Grey Street	Jacobs
Latrines	40	5
Showers and Baths	28	3
Washing Areas	10	1
Water Taps	43	8
Fireplaces	36	4
Kitchens	4	—
Kitchen Taps	6	—
Dining Halls	1	—

4. **Summary :**

	Houses	Beds	Persons
Family Housing	2,309	—	14,858
Women Housed	—	654	654
Men Housed	—	12,459	12,459
	2,309	13,113	27,971

In addition to the above schedules, the following Native refugees are accommodated at the S.J. Smith Location :—

Adults	Children	Total
17	35	52

It will be recalled that on the closing of the Merebank Refugee Camp on 31st October, 1950, the majority of refugees were re-housed in the Umlazi Glebe Lands.

Umlazi Glebe Lands—Native Emergency Camp :

The scheme to utilise the Umlazi Glebe Lands, for the purpose of a Native " shelter " housing scheme approved in 1945 on lines originally formulated by the Medical Officer of Health as long ago as 1936. The area has been divided up into :

1,277 temporary dwelling sites ; and
828 permanent dwelling sites.

Roads, access paths, sub-soil and stormwater drains have also been provided, also a water-main from which standpipes will be provided at intervals.

During the latter part of 1950, fifty two-roomed corrugated iron houses were built.

Many Natives have also built their own houses on sites allotted to them and a number of experimental houses of unorthodox construction have also been built and are being occupied by Natives. The latter houses have been built with funds which have accrued from rents received from the fifty Natal Distress Relief Fund houses, and it is hoped that a suitable type of cheap accommodation will emerge from these experiments. Up to date, pit privy sanitation has been provided but, as this type of sanitation has consistently proved to be unsatisfactory for various reasons, it is reported that moves are now afoot for the provision of water-borne sewerage to be installed subject to the necessary funds being made available.

The question of the allocation of Trading Sites is also receiving consideration and it is understood that an Administrative Block and a Superintendent's house are also contemplated in the near future.

APPRECIATION

The Medical Officer of Health was engaged full-time during most of the year with the Technical Committee re Racial Zoning. In these special circumstances, it gives me much pleasure to express my sincere appreciation of the loyal services and valuable co-operation rendered by the members of the staff. Their assistance to me personally during the period of absence of the Head of the Department has been of the highest order.

My grateful thanks are also specially due to the Chairman of the Public Health Committee (Councillor James Johnston) for his real and continuous interest in the welfare of progress of the Department. His friendly advice and co-operation at all times is deeply appreciated. I also wish to convey to you, Sir, and the members of the City Council my thanks for the courtesy and help extended to me throughout the past year.

I have the honour to be,
Ladies and Gentlemen,
Your obedient servant,
G. D. ENGLISH.
Acting City Medical Officer of Health.